Clinical Lectures ON FLEXIONS OF THE UTERUS.

Delivered at University College Hospital,

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LECTURE I.

GENTLEMEN,—The subject of uterine flexions is a comparatively new one in relation to uterine pathology. The existence of flexions has been recognised, but the doctrine of the preponderating importance of flexions in relation to uterine pathology, which it is now my object to inculcate, this doctrine is new. That flexions constitute the most frequent as well as the most important of the diseases of the uterus, is demonstrable by statistics of the practice in the department for diseases of women in this hospital, of which I have accurate records for a period of over four years, and shall lay before you later on.

Another definition may be given of flexion—*disease of the uterus the essence of which is a change of shape.* That is, on the whole, perhaps, the best method of formulating the opinion which I wish to express, and it conveys the whole idea. You will observe that in this definition it is not implied that flexion is the only thing which is important, or that it is the only condition which is or may be wrong in the uterus; but it is implied that flexion is the most important element in the matter.

As an introduction to what has to be stated later on, we may consider for a moment the anatomical relations of the uterus, predisposing, as it can be shown they do, to a change of its shape. Consider for a moment the manner in which the uterus is suspended in the pelvis. The upper part of the uterus, which is the main part of it, has no attachments, posteriorly or anteriorly, sufficient to absolutely maintain it in one position. The uterus is suspended in the middle of the pelvis, but it is suspended in such a manner that a degree of motion is allowed anteriorly and posteriorly, and there is much more motion allowed at its upper than at its lower part. It rarely moves from side to side, because laterally there are attachments which bind the uterus pretty effectually to the sides of the pelvis. And with reference to the cervix of the uterus, this is kept in its place pretty effectually by means of its connexion with the bladder and the vagina at the upper part. The axis of suspension of the uterus, as it has been very properly designated, is represented by a horizontal line passing through the uterus from side to side, and about the situation of the internal os uteri. This leaves about half of the uterus above this part and about one-half below it. The lower half is more effectually fixed, and the upper part is very ineffectually fixed, except in reference to lateral motion, which is not allowed except to a slight degree. Now what are the hindrances, it may be inquired, in reference to change of position of the upper part of the uterus? That is the part with which we are mainly concerned. It is quite obvious that the broad ligaments, which are the lateral attachments of the uterus, impede lateral motion. The round ligament is an important structure. It is attached to the upper part of the uterus on its anterior aspect; and when the round ligaments are intact, the motion of the upper part of the uterus backwards is, to a certain extent, and to a certain extent only, controlled. They seem to be so placed as to be intended to prevent this occurrence. With reference to the motion of the fundus uteri forward, there appears to be very little hindrance. The bladder is the chief obstacle to anterior motion of the uterus. The bladder, when distended, prevents the fundus uteri from falling forwards; but of course the bladder is not always full, and when it is empty there is nothing to preserve the uterus in its position—nothing of a special character, that is to say. Another element in the case next to be mentioned constitutes an important hindrance to anterior or posterior motion of the fundus uteri: it is the resistance of the uterus itself. The healthy uterus is an organ having very thick walls. The cavity is exceedingly small in proportion to the thickness of those walls, as will be seen on reference to the diagrams

FIG. 1.

(see Figs. 1 and 2). The thickness of the walls of the uterus, as is very evident, forms a very important element as a resistance to alterations of the position of the fundus uteri. It is apparent that if the cervical part of the uterus be held pretty firmly in its place, the position of the upper part will be well maintained by the thickness of the walls. And thus this rigidity of the uterus itself—as it may be termed—unquestionably constitutes a very powerful hindrance to displacements of the fundus uteri. Subsidiary to these hindrances already mentioned must be added the general connexion of the uterus with the adjacent viscera by means of bloodvessels and cellular tissue surrounding the bloodvessels, also the peritoneum. But it cannot fail to be observed that these subsidiary means of attachment of the uterus apply, for the most part, to the lower part of the organ, and they do not, excepting indirectly, help to fix the upper part of the uterus. The Fallopian tubes aid very little in preventing anterior or posterior motion. This very delicate adjustment of the uterus in its position in the pelvis—for it is a very delicate adjustment—is a physiological necessity. It would be impossible otherwise for the uterus to expand, and it would be impossible for it to undergo those changes of position which are involved in the existence and course of pregnancy, were it not for the fact that the attachments of the uterus are such as now described. It is the upper part which undergoes this expansion in pregnancy in order to fit it to become the residence of the fœtus, and this part is left comparatively free. But for the physiological necessities involved in the propagation of the species the uterus would doubtless have been fixed much more firmly and with less liability to these alterations of shape and position.

We now come to consider the *causes* of flexion of the uterus. If we wish to trace the pathology of any disease, we search out its beginning; we endeavour to ascertain the point at which the healthy action passed into one unhealthy or diseased. When the disease is far advanced, it is often very difficult to determine its real etiology and pathology. Various complications have been by that time added, and various secondary effects, which mask the primary one. For this reason I just now directed your attention to the shape and position of the uterus, and the methods by which it is sustained therein. A slight failure in any one of these conditions of equilibrium is really the beginning of a flexion.

We may usefully divide the causes of flexion into two—the predisposing and the exciting causes.

One of the most important of the predisposing causes is *an unhealthy state of the body generally*; another is a previous pregnancy. These are the most important predisposing causes of flexion of the uterus; and I will say a word or two respecting each of them. The tissues of the

body, imperfectly or badly nourished, are relaxed and wanting in tonicity. The circulation in the bloodvessels is retarded under these circumstances—it is sluggish and imperfect; and the tissue-changes take place with greater slowness than under ordinary circumstances and in a state of health. The effect of this state of things upon the uterus is most marked: it increases in size; its circulation becomes slow; and, as a necessary mechanical result of this, flowing from the considerations which I have just laid before you, there occurs a diminution in the rigidity of the uterus itself—one of the most important agents, as I have endeavoured to show, in preserving the uterus intact. In other words, the uterus becomes pliable to an unusual degree. This is a state of things which constitutes a very strong predisposition to a change of shape in the uterus. In what class of individuals do you observe such a condition as this? In young women who are growing very fast, in whom the vital processes ought to be exceedingly active, at the age of twelve to fifteen or eighteen; who are badly fed, surrounded by hygienic circumstances of a deteriorating character, especially so when confined in close apartments and workrooms. These are the conditions of life which predispose to this want of rigidity of the uterus. The other predisposing cause which I have to allude to is *pregnancy*. If the uterus has undergone the expansion and enlargement inseparable from pregnancy, there is thus constituted a predisposition to flexion, and the predisposition is created in the following manner:—After pregnancy is over and the uterus vacated, it is some time before the organ returns to its normal dimensions. In fact, it does not return to the dimensions which existed before. In round numbers, the increased size would be represented by one-fourth in the healthy uterus after normal gestation and its effects have properly come to an end. In the next place, it must be stated that the quickness and rapidity with which the uterus becomes reduced in size after pregnancy is very various. In some cases the uterus is exceedingly slow in returning to its normal dimensions. If the process goes on healthily, the uterus speedily returns to its proper size—probably within a month; but in other cases it is a considerable number of months before the uterus is found of its normal size. This involution of the uterus, as it is termed, goes on in this inactive manner in a very considerable number of instances; but even when it goes on to the full extent and with the usual quickness, the uterus is still left larger than it was before. And it must not be forgotten that the increased size affects not so much the cervix as the body of the uterus, which, as already stated, is, from its want of connexion, more predisposed to a change of position. These constitute the predisposing causes of flexion. There are several others, but these are the two main ones.

Next we come to exciting causes. The exciting cause is sometimes simply an exaggeration of the predisposing ones. For instance, an ill-nourished woman becomes pregnant. There we have the two classes of predisposing causes in operation together. Here the uterus is a long time in returning to its proper size after the labour is over; the patient very soon falls pregnant again, and perhaps a third or fourth time. Thus the uterus has very little rest: it has scarcely time to recover the effect of one pregnancy before another pregnancy follows. The result is that, in following her ordinary avocations, the uterus in such a patient gradually gives way. The upper part of it, that is to say, comes to assume a position which is partly one of flexion; and when the flexion has once arrived at that point, the patient has generally no more children. She is liable to miscarriage; and if she conceives, that conception is followed by miscarriage. Most frequently she does not conceive, and the uterus is left in this flexed condition; and if it attracts no attention, it remains so and never gets cured. The case which I have just laid before you is one which shows that constant action of predisposing causes leads to the disease by itself, the predisposing causes acting by themselves; and when we get the two together we have what amounts to an exciting cause. The other exciting causes to be mentioned are of a more positive and direct character. One important exciting cause is an accidental strain or fall, such as in the following case:—A lady standing at her door is about to step into a carriage; the servant is sent to fetch something; she stands by the horse's head; the horse suddenly takes fright and starts forward; the lady holds on by the rein, and is dragged some yards. She undergoes great exertion there and then, and the result is that the uterus is forced downwards and backwards, and retroflexion of the organ is instantly originated. I need hardly say I am now giving you an actual case. Take another instance:—A young lady, previously in a state of good health, but unused to much exertion, goes to a ball, and, not accustomed to dancing, dances for a long time together—for five or six hours. She feels rather ill; and, to add to this, the following morning, on coming down stairs, she slips and falls on her back, passing over four or five steps, and receiving a violent jerk. She experiences intense pain; and it is found on examination a few days afterwards that the uterus is acutely anteflexed. Another instance:—A lady, four days after parturition, in the absence of her nurse, rises from her bed, and walks across the room to get something. She experiences a sudden severe pain, and returns to her bed. She makes light of it at first; but a few months afterwards, after undergoing a course of continuous discomfort, it is found that she is suffering from retroflexion of the uterus, which originated doubtless as I have mentioned.

I might multiply instances *ad infinitum* in which it was demonstrable that the starting-point of the flexion was an accident. Another exciting cause of flexion of the uterus is the position of the body. It is quite certain that remaining in a constrained position daily for a great number of hours has a very important influence in the production of one of the forms of flexion of the uterus. I mean anteflexion. Young women, for instance, employed in a dressmaking establishment, and following their occupations for many hours during the day, without any opportunity of taking exercise, combined not seldom with bad living, and thus bringing into play the predisposing causes also. It is not at all rare to find, under such circumstances, that the uterus becomes anteflexed. The use of sewing machines I have observed to be followed by the same result. This is due to the position of the body. A word more in reference to pregnancy as a cause. We frequently find in practice that patients attach extreme importance as regards the commencement of their maladies to their confinements, suspecting the illness to be due to some peculiarity in the confinement itself. Undoubtedly when the perineum has been much injured that is a source of mischief, and may lead to this and other disorders; but flexion may originate without injury of the perineum.

How, it may be asked, does the fundus of the uterus descend forwards or backwards, as the case may be? It descends in consequence of the pressure from above when a sudden or forcible exertion involves putting into a state of rigidity the abdominal muscles. The viscera of the abdomen receive the pressure, and that which offers the least resistance, of course, will give way. It is a matter of accident whether the fundus moves forwards or backwards. That is determined by other conditions which I have to put before you presently.

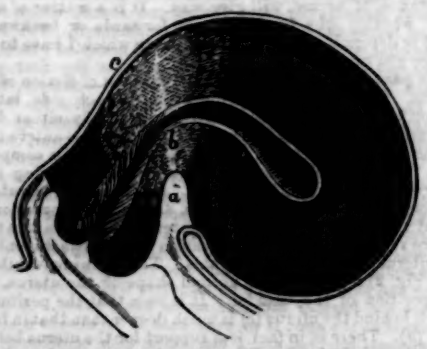
We pass now to the study of the *varieties* of flexion of the uterus. Supported as the uterus is at each side, lateral flexion is very rare. The uterus is generally either bent forwards or backwards, constituting in one case anteflexion, in the other retroflexion. With reference to the comparative frequency of these two events, the following is, I believe, the truth on the subject. Anteflexion of the uterus is more common than retroflexion, and in the proportion of about three to two; but severe anteflexion is more rare than severe retroflexion. A consideration of the attachments of the uterus gives the clue to this. The drawing exhibited (see Fig. 2) represents the normal shape of the uterus, and the position of the bladder. It is seen that the peritoneal pouch behind the uterus (*c*) is much deeper than that in front of it (*a*). There is, in fact, less support for the uterus behind than there is in front. When the fundus gets bent backwards, it will be seen there is more room for it, and that it can descend further posteriorly than anteriorly. The pouch behind is much the deeper. In front there can hardly be said to be a pouch. That is why the flexion in retroflexion is often more acute than in cases of anteflexion. You may, perhaps, ask at this stage of the inquiry, What is the difference between flexion and version? In point of fact, version very rarely occurs without some degree of flexion, nor does flexion usually occur without some degree of version. Simple retroversion, with no actual curving of the uterine canal, I do not know that I have ever witnessed, but I have

seen one or two cases of very complete simple anteversion in cases of forward inclination of the uterus.

FIG. 2.

Let me, in the next place, call your attention to some of the *pathological effects* of flexions of the uterus. The drawing on the board (see Figs. 1 and 2) represents the comparative thickness of the walls of the uterus, as shown by a section through it transversely and from before backwards. What would be the effect upon the uterus of a bending of the organ? It would obviously be to produce a compression of the tissues of the organ at the seat of the bend. Such compression is in the nature of things inevitable. The distance between the external and the internal wall will be diminished. The diminution of the thickness of the walls of the uterus will take place to a greater extent on the concave side of the bend. There will be a diminution of the diameter at the position of the flexion (*a*, *b*, *c*), and the general result will be that there is a compressing force exercised at the middle of the uterus upon the tissues of the organ (see Fig. 3). What will be the effect of this compression? The

FIG. 3.



arteries of the uterus pass into it from its sides. They come from the uterine artery, one on each side passing upwards from below. There is another supply of arterial blood from above by means of the small Fallopian branch of the spermatic artery. Were it not for this small branch the effect of forcibly compressing the uterine arterial branches would be that the upper part of the uterus would get very little blood at all. It is certain that compression, such as occurs in flexion, and is exercised on the middle part of the uterus, has the effect of materially retarding the circulation in the vessels, veins as well as arteries traversing the body of the uterus. The result is, in effect, *a congestion of the body of the uterus*, and, in a less degree, also a congestion of the *cervical* part of the organ. In order to give prominence to this mechanical effect, and to signify its clinical importance, I have ventured to describe it under the title of "Strangulation of the Uterus." It is, I believe, an inevitable result that the circulation in the upper part of the uterus should be in a considerable degree interfered with when compression is thus exercised upon the uterus and its vessels, the result being that the upper part of the uterus comes in the end to contain a larger portion of blood than usual. It becomes unduly heavy and larger. It becomes not only congested, but likewise unduly sensitive, to an extraordinary degree in some cases; and the congestion and undue sensitiveness constitute the most important of the phenomena, to a less degree in anteflexion than in retroflexion, but even in the former cases to a marked degree in many instances. This compression in the middle of the uterus has various effects in different cases. After a time, if the flexion is not very acute in degree, the uterus may become habituated to it, and flexion becomes after a certain interval less embarrassing to the uterus. The uterus acquires toleration to a certain extent, and then we do not see the patient. But when it does not acquire that toleration, or when, as frequently happens, the malady increases, we have an opportunity of witnessing these effects; the fundus uteri is found sensitive, swollen, and tender to a degree; the patient is in a state of discomfort which hardly any physical condition of other organs of the body can exceed. The compression of the uterus is a phenomenon to which I attach great importance as a feature in the natural history of these cases. Various writers on this subject take views on the matter which differ considerably from those which I have just laid before you. It is held, for instance, that this congestion, or so-called inflammation, of the upper part of the uterus is not the only primary evil, but the cause of the pain in these cases of flexion; while the flexion itself is of secondary consequence. I would wish to speak with all respect of the opinions of others; but I must say that my experience has led me to take a very opposite view. The inflammation or congestion of the upper part of the uterus is generally considerable. It is only so far primary in the degree and in the manner I have already pointed out in speaking of predisposing causes of flexion. Thus a congestion of the upper part of the uterus, which we may suppose to exist to begin with, may, in the first instance, produce flexion. Having done that, the flexion will react upon the congestion, and will increase it; and, unless cured, it will prevent the cure of that congestion. I do not at all deny the importance of this element of fulness of the bloodvessels of the upper part of the uterus—very far indeed from that; but the relation which exists between the two things is, I believe, the one which I have endeavoured to lay before you. This view influences the treatment in these cases very decidedly indeed; for whereas others are disposed to treat the affections, at all events in the first instance, by bloodletting and leeches—a treatment which has for its effect removal of congestion,—I submit that such cases should be treated by going more to the root of the matter—viz., by an alteration of the shape of the uterus, which is the means of keeping up the congestion. And this method of treatment I have had the greatest reason to be satisfied with in practice.

REMARKS ON PRE-SYSTOLIC CARDIAC MURMUR.

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Two valuable papers in the last volume of Guy's Hospital Reports having been chiefly devoted to the discussion of "pre-systolic murmur," perhaps a brief consideration of it may be useful, as the ideas of medical men are not generally very clear on the subject, and it is one which I believe may admit of a different interpretation from that which is usually given regarding it. To Dr. Gairdner the profession is indebted for first calling attention to this particular murmur, and associating it with the pathological condition

which usually accompanies it. The explanation given by him has been very generally adopted; and, though differing from him in opinion, I should hardly have ventured to oppose the views of so distinguished a pathologist on speculative grounds alone, supported as he is by Dr. Peacock, Dr. Wilks, Dr. Hilton Fagge, and others, who have all subscribed to the doctrine that the murmur is "auricular systolic," as it was first called by Dr. Gairdner. The substitution of the term "pre-systolic" is, to my thinking, a mistake on the part of those who hold this view. The name carries with it an idea very much at variance with their theory of its production. Like post-systolic, it suggests a murmur accompanying, in the main, the systole of the ventricle, though in time dating a little earlier than the ordinary systolic murmur, just as the post-systolic murmur begins a little later. So long as such murmurs are recognised as systolic in character, the prefix "pre" or "post" is not disadvantageous, as modifying in some degree their essential character; but when, as is assumed, the murmur is not systolic at all, some other term would convey a truer import. Those of us who have to teach medicine systematically to students must think and speak clearly and teach dogmatically. For some years I have been in the habit of laying down to my students as a principle, that, when they have to examine a heart, their first question must be whether any murmur heard is produced by blood flowing into or out of the ventricle, and next by what inlet or outlet the blood passes. Until the mind is satisfied on these points, the diagnosis must be vague and imperfect in the extreme.

Another point to which, as an old observer of cardiac disease, I attach some importance, is the maintaining a distinction between sounds and murmurs—restricting the word "sound" to those which we recognise as the first and second sounds of the heart in health, and employing the word "murmur" to distinguish an adventitious noise which may accompany or be substituted for either of the natural sounds of the organ, or may occur intermediately between them. The French name "bruit" ought to be similarly restricted, and, in my judgment, ought not to be used to express, as is done by French writers, some change which has taken place in the natural sound itself. It may be a question whether in any given case a prolonged first sound is an altered "sound," or is a "murmur" substituted for the "sound"; but we can have no hesitation in saying that a reduplicated sound is not a "murmur."

I have been led to make these remarks by finding Dr. Hilton Fagge, in his paper in the Guy's Hospital Reports,* offering two alternative explanations of the same phenomenon, which he says may have been either "a second sound" or "a pre-systolic sound." In such a relation the significance of the word is sufficiently plain, but it is unfortunate when, in discussing nice questions of diagnosis, words are used in either a vague or an improper sense. The reduplicated sound is most commonly called a "bruit" in France, and I have known the same name applied to it here, much to the perplexity of students, who cannot make out whether the so-called "bruit" is systolic or diastolic, obstructive or regurgitant. It is of great importance that language should be clear and intelligible, and the more certain our knowledge the simpler always will be the terms in which it is expressed.

The case which I am about to relate is by no means the first which has led me to call in question the usual explanation of the pre-systolic murmur, but it seems to me the most convincing which could be offered, and in this respect alone is worthy of being placed on record, as I can personally vouch for the accuracy of the report.

J. G. P——, aged eighteen, was admitted under my care into St. George's Hospital on the 5th July, 1871, suffering from hæmoptysis. He stated that he had had a slight attack of blood-spitting in the previous summer, but had enjoyed good health from that period until about a fortnight before his admission. After taking exercise he had brought up nearly a pint of bright-coloured frothy blood, and had continued to spit it up in small quantities till he came to the hospital. He was a rather dark, sallow-complexioned lad of apparently feeble health, with considerable dyspnœa, a flushed face, though otherwise rather bloodless, with a pulse of 120, exhibiting very little force or fulness, and manifest increased action of the heart. On auscultation a very distinct harsh grating murmur was heard at the apex of the heart, which distinctly terminated in the first sound, the interval between the second and first sounds being preternaturally long. On cross-questioning it was difficult to make out how long he had probably suffered from cardiac disease, but he was very positive that he had never had rheumatism or rheumatic fever; the only illness he could recollect being an attack of scarlatina when young, but at what age he was unable to say. When first admitted there was a trace of albumen in the urine, which disappeared under treatment. He was ordered fifteen minims of tincture of digitalis with some ether every six hours.

Little or no blood was brought up after his admission. His pulse gradually fell to 76, but was very easily accelerated on the slightest exertion; it was essentially weak, while the heart's action was forcible, though much less easily excited than on admission. There was no evidence beyond this of the influence of the digitalis, which was continued for about ten days without producing any unfavourable symptoms. Tonics and food were then cautiously administered, and he seemed to gain blood and strength. No change was observed in the heart's sounds at this period; but the pulse fell as low as 56 about a week or ten days after the digitalis was left off, in consequence apparently of his being kept perfectly quiet, and the horizontal posture being constantly maintained. On auscultation of the heart, the length of the interval between the second and first sounds was very remarkable; and it was observed that the contraction of the heart could be felt between the ribs during the pause prior to the occurrence of the first sound, and while the pre-systolic murmur was audible to the ear.

On the 3rd August, some days after the rules regarding rest had been somewhat relaxed, he was again attacked by slight hæmoptysis. The pulse had gained in frequency; the rough grating murmur was very much what it had been on admission, preceding and terminating in the first sound. The duration of the second interval was not so marked as it had been when the pulse was slower; still I could not divest myself of the feeling that the murmur coincided with the commencement of the systole. He was again placed under the influence of digitalis, and on the 7th August his pulse had fallen to 40 beats. On listening to the heart's action, the same peculiarity was observed which had been noted some days before, only in a more remarkable degree: the second interval had become lengthened in a manner which I have never before observed. The action was perfectly regular. The duration of this interval was most striking at the base of the heart, where the murmur was only indistinctly heard. Towards the apex it was noticed that the murmur was much less harsh and grating than formerly, and on careful examination it was found that it was no longer single, but double; and that a short soft murmur began almost immediately after the second sound, which terminated before the harsher murmur commenced. The latter, somewhat modified in character, still occupied exactly the same position in time with reference to the first sound which it had done from the beginning—namely, it ran up to, and terminated in, the first sound. In fact, at the apex the long interval between the second and first sounds was entirely occupied by a double murmur, the first part being soft and short, the last harsh and prolonged. This was immediately followed by a short and sharp first sound, and an interval of silence of about the usual length, though possibly also a little shortened, during which no murmur was anywhere audible. The second sound always preceded the double murmur. At the base the double murmur could not be heard at all; the second sound was there clear and sharp, followed by an interval of complete silence before the harsher murmur made itself heard. A double murmur at the apex is so rare that it is always a subject of unusual interest, and I can state with confidence, both from my own observation and that of others, that the facts in this case are accurately recorded. I am certain that it consisted of two distinct murmurs, separated by an interval from each other, not of one murmur of different intensity at its commencement and termination; it was double and not continuous; the two murmurs being each audible at the apex, one of them alone audible at the base.

The further history need not be traced. He went on after this date with no bad symptoms, and left the hospital considerably improved in general health. It would have been imprudent to have continued the administration of

* Guy's Hospital Reports, vol. xvii., pp. 311, 312.

digitalis after the pulse had fallen to 40 beats, and as soon as it was left off the heart's action regained its ordinary frequency, and the murmur resumed the characters which it had presented on admission. There was no call for the renewal of the action of digitalis, and as the rhythm of the heart's sounds and murmurs had been clearly made out, I did not feel justified in resuming its use merely for the purpose of experiment.

In order that the discussion may not degenerate into a mere question of the meaning of terms employed by various writers, and to facilitate the understanding of the proposition I wish to prove, I would venture to lay down certain axioms which must be admitted by every one whose ear has been trained to recognise cardiac murmurs, and I would also ask the acceptance of a few postulates which seem to me to be essential to the discussion of this question.

1. The first and second sounds correspond to the systole and diastole of the ventricles, the movements of the auricles not being indicated by either sound.

2. Systole is equivalent to contraction, diastole to relaxation.

3. Blood must flow out of the ventricle during contraction, into it during relaxation.

4. The systole and diastole of the two ventricles are simultaneous in health, each producing only one sound.

5. The impact of the heart on the ribs, the first sound, and the wave in the aorta which originates the pulse, are synchronous. The greater the distance from the heart where the pulse is observed the further does it fall behind the first sound.

I cannot conceive any of the above statements being doubted, and I would further ask that it should be conceded—

6. That the sounds of the heart do not indicate either the commencement or the termination of the systole, the diastole being regarded as a merely passive state—the absence of contraction. It is quite impossible that the first sound and the impact on the ribs can occur until after contraction has proceeded to some extent; and similarly the ventricle must have come to a complete standstill, and a backward current must have commenced, before the second sound can be formed.

7. There can be but two states of muscle—contraction and relaxation. It would seem that there is or may be a fraction of time during which the entire muscle is relaxed, but "*le grand silence*," as the French choose to call it, is not a period of relaxation—the auricle is then busiest, and the ventricle begins to contract before it is concluded. The period of complete relaxation, if such there be, must be that which immediately precedes and accompanies the second sound. The second sound itself is the indication that blood is rushing towards the ventricle, forced backwards by the resiliency of the aorta—forced onwards by the columns of blood flowing from the lungs, a force which is immediately supplemented by the contraction of the auricle. When the ventricle is full the onward current through the mitral stops; then the systole begins, and before its termination the first sound occurs. As soon as the ventricle is empty, relaxation takes the place of contraction, and this is almost immediately followed by the second sound. The active dilatation which the older observers used to speak of is nothing more than the flaccid ventricle being pushed open like an empty bladder by the contraction of the auricle.

8. In perfect health the contraction of the two ventricles is simultaneous, and we hear only one first and one second sound. Sometimes, however, when there is no valvular imperfection, the contraction of one side is sustained a little longer than the other, and the blood begins to flow towards one ventricle a trifle sooner than towards the other, and the aortic and pulmonic valve-flaps fall together at different instants of time, so as to produce two second sounds. This presents the simplest form of reduplication, one first sound followed by two second sounds. More rarely the contraction of the two ventricles is not simultaneous, and two first sounds result, followed of necessity by two second sounds. We have thus either reduplication of the second sound or reduplication of both sounds. I have never heard reduplication of the first sound only, and conceive it to be, according to physical laws, impossible.

9. In general terms it may be said that sounds depend on the movement of the solid parts, murmurs on the movements of the blood itself. The murmur is a churning noise produced by the vibrations of the fluid, in whatever manner these are excited; while the sound seems to be developed by the contact of portions of tissue which were previously apart. This is only true in a very general sense, and, as a matter of course, the sounds cannot be produced in the heart without the presence of fluid, and the blood can only be thrown into vibration by contact with the solid tissues. Still it helps us to understand the relation of sounds and murmurs, and that the murmur sometimes takes the place of the sound, sometimes is heard along with it.

10. The rhythm of the sounds is liable to great variations. The intervals are certainly very often prolonged or shortened, and, to my ear, the sounds themselves seem to be occasionally lengthened or shortened, and variously accentuated. Cases must have come before all observers of cardiac disease, in which, from such changes having taken place, the first sound has been mistaken for the second, until the impression conveyed to the ear has been corrected by observation of the impulse.

If I might venture to express an opinion on such an obscure question, I would say that this alteration points rather to a shortening of the first sound than to a lengthening of the second, which is not very probable, if the ordinary interpretation of its causation be correct. It is, indeed, just possible that in a reduplicated second sound the two may run into each other in such a manner as to give the impression to the ear that the two short sounds are only one long one. In either case the following pause will generally be altered in its duration in an inverse ratio to the change in the sound. If the first sound be shortened, the first pause will naturally be lengthened; if the second sound be lengthened, the second pause will be correspondingly shortened; and thus, while the sequence is the same, the rhythm will be modified either to the extent only of making each sound and interval equal, or so far as to make the two appear to have changed places. It must be added that the extreme form is seldom met with except in cases of valvular imperfection, when murmur is also present, which makes the appreciation of such changes far more difficult.

In another way, similar changes seem to me to arise from a transposition of the first sound, with reference to the systole, from an earlier to a later period in the contraction of the ventricle. The sound is believed to be due to several causes; but one at least has been determined by actual experiment to contribute to its production—namely, the flapping together of the mitral valve, as was shown some years ago by Dr. Halford. His observations seemed to me to prove two things—that a sound must follow the closure of the valve, and that the sound so produced was shorter than the real first sound of the heart, which must therefore be dependent on other causes also operating at the same time. If, then, it were possible that this closure of the valve should take place either earlier or later in the course of the systole, we should have a lengthening or shortening of the two intervals as a necessary result of the transposition, and also not unnaturally a change in the accentuation and duration of the first sound itself, in consequence of the various causes of its production failing to be coincident, as they usually are, and the short sharp sound of the valve-flaps being heard separately. Assuming for the moment that circumstances might arise which could prevent the mitral valve from closing at an early period of the systole, it is clear that a murmur of regurgitation must almost of necessity be developed, which would interfere with our hearing the first sound distinctly. The various elements which contribute to the formation of the sound being separated by the postponement of the closure of the valve, it is highly probable that the shrillest and loudest part of the sound would alone reach the ear. This, so far as I know, is the flapping together of the two parts of the valve; and if, as we have assumed, something has delayed this occurrence we shall have an apparent lengthening of the interval and postponing of the first sound, with a shortening and sharpening of the sound itself, because the other elements which contribute to its formation, whatever they may be, are lost in the noise of the murmur, and it is represented only by the click of the valve. A marked alteration will thus be traced in the rhythm of the sounds and intervals; the first sound short and sharp, followed by a somewhat shortened interval; the second sound occurring about the usual time with reference to the impact of the heart on the ribs, and having a normal length, but followed

by an unusually prolonged interval before the first sound again recurs. If due attention be paid to the movements of the heart as traceable by the finger, the hypothesis of a postponement of the first sound in such cases must, I think, be admitted as fairly probable. Sensible motion is developed long before the first sound can be heard; and so long as any such movement can be traced, it is certain that contraction is going on, even though during its progress no sound reaches the ear to show that the systole has commenced, except, as I shall endeavour to show, the murmur supplies the evidence which is wanting.

(To be continued.)

ON THE

TREATMENT OF RETENTION OF URINE IN IMPERMEABLE STRICTURES OF THE URETHRA.

BY P. A. O'CONNELL, M.D.,

LATE MEDICAL DIRECTOR OF THE "NINTH ARMY CORPS," U.S. ARMY, ETC.

IT happens not unfrequently that persons suffering from bad strictures of the urethra, but who, under ordinary circumstances, can pass water well enough to satisfy themselves and relieve the bladder, become, from causes unknown, suddenly unable to do so. The fear of treatment, the inability to meet the expense perhaps, or even reckless indifference itself, may have made them neglect proper attention to their condition heretofore. They were satisfied to let "well enough" alone; but now they cannot pass a single drop of water. The bladder becomes distended; their agony and fear combined render them desperate, and prepare them for any means of relief; and, finally, they send for the surgeon.

When the surgeon sees the case the catheter is resorted to of course, but the attempt to pass it fails. Instruments of different sizes and material, perhaps, are tried, but in vain; and after prolonged, patient, and skilful labour over the case, the surgeon finds himself unable to effect an entrance through the stricture by any means at his disposal. The stricture is an impermeable one; baths and such aids to treatment have failed to break up the embargo; the patient is suffering intensely from the retention of urine; no time is to be lost, and what is to be done?

In two cases of this kind which have come under my care I have been able to relieve the patients upon the principle of suction; and the simplicity of the method, as, also, its advantages if, upon further trial, it be found to be of universal application, prompt me to make it public.

In the first case which presented itself the gentleman had suffered from retention of urine on account of stricture before, and, consequently, was not easily alarmed. He was always intending to submit himself to treatment for the cure of the stricture; and this intention became very determined and positive during his attacks of retention; but relief from immediate danger made him forget his resolution, and he would always postpone action. When I saw him, however, the usual means of relief had failed. Baths, opiates, and the catheter had been resorted to by a medical gentleman of skill to whom he had applied for assistance, but all in vain, and his sufferings were very severe. I made careful attempts to pass instruments, but without success. The other means of relief that suggested themselves to my mind had failed already, and the sufferings of the patient required that something should be done immediately.

Having upon my office table an india-rubber hand-syringe, consisting simply of a rubber pouch or ball, with a hard rubber stem to it, that I generally used as a part of Politzer's apparatus for inflating the inner ear, it occurred to me that it might be made use of as an exhauster—a suction instrument,—and that by this means, perhaps, the stream of water could be started. Acting upon the idea, I took a catheter of medium size, made a perforation in its extreme end, and passed it *down to* the stricture; then squeezing the rubber pouch so as to drive out the air, I connected it by means of a short piece of india-rubber tubing with the catheter already in the urethra, and allowing it to expand gently, instructing the patient at the same time to make a gentle effort, *and only a gentle effort*, to pass his water, I had the satisfaction of learning that the experiment had become a success, and that the man was relieved.

As this was merely a transient patient whom I had not seen before and did not see again, I do not know what became of him afterwards. He stated, while in agony, that he would return on the following day to place himself under treatment for his stricture, but, as in the previous instances he had told of, no doubt relief brought with it carelessness, and I saw him no more.

In the second case in which I tried this method, the man was a reckless, careless liver; also a procrastinator, for whose procrastination, however, fear of anything bearing the name of "operation," perhaps also a chronic scarcity of money, acted, to a great extent, as cause.

The use of the india-rubber bulb, exhausted and then fixed to the catheter after its introduction *as far as the stricture*, succeeded in this case also. Once afterwards, when the passage had become closed again, and his experienced efforts to relieve himself had failed, so that the case presented apparently the same necessity for the use of the suction apparatus as before, percussing the bladder after all other efforts had failed (this was done for the purpose of ascertaining the extent of the distension) alone started the flow, and he became relieved without any further operation. This latter occurrence suggested the probability of the retention having resulted from some slight mechanical obstruction inside the stricture which became dislodged by the percussion, and thus allowed the water to pass. Whether such a condition of things would interfere with the success of the method of treatment by the suction conducing rather to retain the obstruction *in situ*, must be the subject of further experience.

The attention of surgeons is called to this method of relieving retention of urine from impermeable strictures, when other methods have failed, with the hope that further careful experiment will develop its value fully.

No expensive apparatus is required, a simple catheter perforated at its extreme end (although a hollow tube without side openings through which the lining of the urethra can be acted upon would be better), and a hollow india-rubber ball that may be connected with the catheter by means of a short piece of india-rubber tubing, is all the paraphernalia required; and I doubt not that its use will relieve much suffering, and give time for subsequent calm and deliberate treatment for the permanent cure of the stricture itself.

Introduce the tube, or catheter, as far as the stricture; let the suction be gentle and continuous, and let the patient assist, by a very easy effort, to void urine during the operation.

It is possible that a common syringe of any kind might be used for this same purpose in place of the india-rubber bulb, but as more is expected from the persistence of the force working continually in the right direction than from its violence, there seems to be good reason for adhering to the original method. A common syringe, used with rashness, is capable of doing injury in cases of this kind.

Vienna, Austria, Feb. 1872.

ON THE DIAGNOSIS OF TYPHOID FEVER IN ITS EARLY STAGES.

An Abstract of a Clinical Lecture delivered in March, 1871, at Addenbrooke's Hospital, Cambridge.

BY P. W. LATHAM, M.D., F.R.C.P., &c.,

PHYSICIAN TO THE HOSPITAL.

I HAVE now described to you, gentlemen, most of the symptoms which may accompany typhoid fever as far as the twelfth or fourteenth day, when, as before stated, mild and severe cases may generally be discriminated from each other. One symptom, however, and that a most important one, I have still to discuss—namely, the variation in the temperature of the body which takes place from day to day during the progress of the disease, and which can only be

accurately determined by means of the thermometer. Within the last few years very great attention has been given to the indications furnished in many diseases by this little instrument, but in no other disease have the investigations been so numerous as in the one under consideration, and the results obtained amply repay the trouble. In typhoid fever the thermometer is indispensable. You see in the wards how much importance I attach to the charts at the bedside of the patients. On these charts are records of the patients' temperature, taken by the house-surgeon twice at least daily, at 8 A.M. and 6 P.M., and marked by a black line on the chart. The frequency of the pulse is also recorded at the same time by a red line. We have likewise tabulated the number of the evacuations in the preceding twenty-four hours, whether loose or formed, and, if containing blood, its quantity. These charts represent very true pictures of the progress of the case, and by looking at them I can most generally tell, before I ask either the patient or the nurses any questions, whether that progress is favourable or otherwise. From the information the thermometer gives me I can fully endorse the following statement:—

"The physician who judges of fever cases without a knowledge of the facts of thermometry, and without taking note of the temperature, is like a blind man trying to find his way. With much practice and great intelligence, the blind man may succeed; but he will more frequently fail, and always do, only with great difficulty and unsatisfactorily, what to him who sees requires no effort."

Let me now show you how far this is true. During the first four or five days the general symptoms which may then, as I have told you, accompany the disease—viz., the rigor, the languor and feebleness, headache, epistaxis, giddiness, pain in the back and aching of the limbs, the appearance of the tongue, the state of the bowels, the condition of the urine, &c.,—may not be very distinct, or any one of these morbid symptoms may be entirely absent. In a considerable number of cases, in fact, it would be impossible for you to say, without using the thermometer, whether the patient were suffering from typhoid fever or not. But the thermometric course of the disease at this time, unless it supervenes on some other malady, is very regular; and by taking the temperature at 8 A.M. and 6 P.M. for three days the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

The following is the formula (from Wunderlich) of this initial stage:—

	Morning.	Evening.
1st day	98·6° F.	100·4° F.
2nd ,, ...	99·4°	101·4°
3rd ,, ...	100·4°	102·6°
4th ,, ...	101·6°	104°

If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100·4° or 101° F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty.

On the other hand, the disease is not typhoid fever if (1) on the second, third, or fourth evening the temperature approximates even to the normal (98·6° F.); (2) if during the first two days the temperature rises to 104° F.; (3) if between the fourth and sixth days the evening temperature of a person under middle age does not reach 103°; (4) if the temperature on two of the first three evenings is the same; or (5) if it is the same on the second and third mornings. From the fourth to the tenth day the evening temperatures are tolerably uniform, the highest being most generally on the evenings of the fourth, fifth, or sixth days, and reaching from 104° to 105·5° F., or even higher. The morning temperatures are from 1° to 2·6° F. lower than the evening ones; on the fifth, sixth, and seventh days the variations between the morning and evening temperatures being less than take place from the sixth or seventh to the ninth or tenth days. During this period (from the fourth to the tenth or twelfth day), if the general symptoms are obscure, an absolute diagnosis may not be readily made, and the disease may be confounded with several others, unless thermometric observations extend over several days. Here, again, the thermometer gives us then very definite information. Wunderlich tells us: "That if in a youth or individual of middle age, who was previously well, an illness has continued from five to ten days, and we find evening temperatures of 103·4° to 105° F., or a little over, alternating with morning temperatures of 1·4° to 2·6° lower, and without any other disorder showing itself to explain the elevation, and without the patient previously being subject to gross neglect, then we are justified in positively diagnosing the disease as typhoid fever." There is at the present time in the hospital a girl in whose case the application of this law materially helped us to arrive at a correct diagnosis; from the ninth to the twenty-first days of the disease, as you see from the chart, her evening temperatures mostly reached 103° to 103·8° F., with some morning temperatures 1°, and some 2° lower. This, excepting small successive crops of rose spots, was the only distinct evidence of the existence of the disease; the other symptoms—the condition of the tongue, the character of the evacuations, &c.—not being at all characteristic. The normal temperature in this case was not reached until the thirty-fifth day.....

To Professor Wunderlich's work on temperature I am much indebted for the information it affords. I last year in my clinical lectures gave you copious extracts from it on febrile diseases in general, on pneumonia, ague, &c. It is soon to appear in an English form, translated for the Sydenham Society,* and I recommend it to your careful study from the great importance and extreme interest of the subject.

THE NUTRITIVE VALUE OF AUSTRALIAN PRESERVED MEAT.

BY S. W. D. WILLIAMS, M.D.,
MEDICAL SUPERINTENDENT OF THE SUSSEX LUNATIC ASYLUM.

NOTWITHSTANDING the fact that Australian preserved meat is being used very extensively in many of our public institutions, there is still a great prejudice against it existing in the minds of many. It would, however, be a great boon to the lower classes if it could be proved to them that preserved meat as nutritious as fresh meat can be put within their reach at as reasonable a price as fourpence-halfpenny or fivepence a pound. Some experiments I have made with a view to roughly testing the nutritive power of the Australian preserved meat as compared with fresh meat before introducing it into our dietary, may be deemed worthy of publication in THE LANCET.

The chronic patients of this asylum, who are in good health and not under special medical treatment, have, *inter alia*, males twenty-two and females twenty-four ounces of fresh uncooked meat during each week, exclusive of the soup. I took twenty of these patients, ten males and ten females, and for one month gave them a similar quantity of Australian preserved mutton instead of the fresh meat, taking care that the other ingredients of the dietary should be exactly as usual. I weighed these patients carefully at the commencement of the month, at the expiration of a fortnight, and at the end of the month, and the following was the result:—

Name.	Dec. 2nd. st. lb.	Dec. 18th. st. lb.	Dec. 30th. st. lb.	
S. J. C. ...	9 0½ ...	9 6 ...	9 5½ ...	+ 5
T. R. ...	9 4 ...	9 7½ ...	9 8 ...	+ 4
B. S. ...	7 11½ ...	8 0 ...	7 11½ ...	
S. G. ...	10 2 ...	10 3½ ...	10 1 ...	− 1
L. R. ...	9 1 ...	9 1½ ...	9 1½ ...	+ 0½
E. P. ...	8 3 ...	8 3 ...	8 3½ ...	+ 0½
A. S. ...	8 1 ...	8 0½ ...	8 0 ...	− 1
M. A. E...	7 0 ...	7 0½ ...	7 0 ...	
C. H. ...	10 10 ...	10 11½ ...	10 11½ ...	+ 1½
L. G. ...	9 12½ ...	9 11½ ...	9 10 ...	− 2½
G. G. ...	11 3½ ...	11 2 ...	11 3½ ...	
S. F. ...	8 8 ...	8 8 ...	8 12 ...	+ 4
J. P. ...	9 2 ...	9 5½ ...	9 3 ...	+ 1
H. T. ...	10 1 ...	10 1 ...	9 13½ ...	− 1½
E. C. ...	9 10½ ...	10 0 ...	9 12½ ...	+ 1½
J. M. ...	9 5½ ...	9 8 ...	9 5 ...	− 0½
T. G. ...	9 12½ ...	9 10 ...	9 13½ ...	+ 0½
S. T. ...	10 1 ...	10 0 ...	10 0½ ...	− 0½
A. F. ...	9 11½ ...	9 11 ...	9 12 ...	+ 0½
H. B. ...	12 0 ...	12 1 ...	11 10 ...	− 4

* Since published, translated by Dr. Woodman.

From this, it will be seen that thirteen out of the twenty either increased slightly in weight or remained stationary, and that of the others only one lost anything worth speaking of—viz., 4 lb., and this must have been a purely adventitious circumstance. Moreover, there was no symptom in any of them, either of a physical or mental nature, to lead to the supposition that they suffered from the change of diet.

I think, therefore, we may fairly presume that the Australian preserved meat is, weight for weight, equal to uncooked fresh meat as a dietetic agent. There is, however, the cost of the Australian meat to be accurately estimated before an opinion can be given unreservedly in its favour. And this point, unfortunately, does not come out so well as I had hoped. This is due to two reasons—(1) Owing to increased demand, the price has gone up fully 1½*d.* since I commenced to use the meat; and (2) the contents of the tins do not weigh out to the quantities stated. Thus, during the thirty-two days the twenty male and female patients were on the Australian mutton 133¾ lb. were consumed. This quantity cost us £3 17*s.* 8*d.* The cost of an equal quantity of the fresh beef supplied from the Asylum farm (on which we slaughter all the meat for the establishment) was £4 11*s.* 11½*d.* Therefore, the advantage in favour of the Australian meat was only a saving of 14*s.* 3½*d.*, or a little over 1½*d.* per lb.; in other words, the Australian mutton cost us about 7*d.* a pound; the fresh beef 8½*d.*

Hayward's-heath, January, 1872.

A NEW FORM OF DROP-BOTTLE FOR CHLOROFORM, ETC.

BY J. DAVIES THOMAS, M.D. LOND., F.R.C.S.,
RESIDENT MEDICAL OFFICER AT UNIVERSITY COLLEGE HOSPITAL.

ONE of the inconveniences experienced in the administration of chloroform on lint, &c., is the difficulty of supplying speedily the lint with fresh chloroform from time to time. When an ordinary stoppered bottle is used, a considerable time is occupied in removing and replacing the stopper; and this generally requires the use of two hands. Moreover, the quantity poured out is extremely uncertain. In order to lessen these inconveniences, Messrs. Mayer and Meltzer, of Great Portland-street, have constructed for me the bottle represented in the accompanying woodcut. It is a two-ounce graduated bottle, surmounted by a metal cap (A B C), the upper portion of which can be unscrewed from the lower, in order to fill the bottle with the anæsthetic. The upper part contains in its interior the stopper, which is ordinarily kept tight by a spring, but by pressing with the finger on the disc A, and inclining the bottle with the spout (B) downwards, the chloroform will escape in a uniform stream. By withdrawing the finger from the disc, the flow is at once arrested. As the stream is uniform in size, a short experience will enable the administrator to regulate tolerably exactly the amount of chloroform poured out; and as there is no risk of spilling the chloroform over the patient's face, it is practicable to continue the supply on the lint without removing it from the mouth.

February, 1872.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Nearly £3000 has been promised for the improvement and enlargement of this institution, and it is expected that £1500 in addition will be raised by the voluntary offerings of the working men of the towns and district. The plans have been most carefully prepared by an experienced architect, and, when completed, the hospital, in a sanitary and hygienic point of view, will be all that could be desired. The president, the Duke of Devonshire, gives a donation of £500.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum alioram, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

CASE OF YELLOW ATROPHY OF THE LIVER.

(Under the care of Dr. WADHAM.)

A. G——, a Swede, twenty-eight years of age, was admitted October 14th with the following history:—He had always been healthy until the previous summer, during the whole of which he had suffered from pain in the epigastrium, with occasional vomiting after food. Three weeks ago his urine became very dark-coloured, and the whole of his body gradually jaundiced. Since that time the pain in his epigastrium had increased in severity, and vomiting had occurred after every meal; he had slept much and heavily, and had suffered from great and constant depression of spirits.

On admission he was very jaundiced. He had tenderness, when examined, over the hepatic region, and the liver on percussion appeared to be smaller than usual. He had pain there, occurring in paroxysms; his pulse was 60 and full; the mucous coat of his tongue peeling off; his urine was loaded with the colouring-matter of the bile, and his motions were solid and clay-coloured.

In this condition, without any vomiting, but with very constipated bowels and great disinclination for food, he remained until the 20th. He then appeared weaker, very confused in his mind, with a heavy look about the eyes, and vomited three times during the day. From this time until the 29th he was very restless, and frequently vomited a dark-yellow fluid, which stained everything upon which it fell a bright-yellow colour. His bowels remained confined; but the motions when passed, and the urine, retained the same characters as on admission. On the 29th he was much lowered, seemed scarcely to understand what was said to him, was with difficulty kept in bed, and constantly vomited yellow fluid. From this time he lay in bed apparently quite insensible, and making a continued moaning noise. He vomited occasionally, and had frequent convulsive twitchings of the left side, which, when not convulsed, appeared as if paralysed. In this condition he remained until his death, which took place at 6 A.M. on the 2nd of November.

The post-mortem appearances, as described by Dr. Whipham, the curator, were as follows:—The dura mater was bile-stained, and there was excessively bile-stained fluid in the ventricles. The septum was softened, but the brain was otherwise healthy. The lungs were natural, with the exception of some vascularity of the bronchial mucous membrane, and a little bloody mucus in the bronchi. The endocardium was bile-stained, but the structure and valves of the heart were natural. The spleen weighed nine ounces, and the Malpighian bodies were large and prominent. The kidneys were flabby, partly decomposed, but their surfaces smooth. The gall-bladder contained a little thin, greenish mucus, and the ductus choledochus was open. The liver weighed thirty-two ounces, was flabby, but not especially soft or friable. On both upper and lower surfaces circumscribed patches, of yellow colour and variable size, were observed, which were more numerous and more extensive on the right lobe. On making a section through the liver substance, these appearances were still more marked. Their colour in the central parts of the organ was bright ochrey, which contrasted strongly with the unaffected portions of the hepatic tissue; moreover, the somewhat red and congested state of the unaffected parts rendered this contrast still more conspicuous. The internal parts of the left lobe were far less diseased than any other portion of the organ. The vessels and ducts were in all respects normal.

Microscopic examination was made of portions of both

right and left lobes, after previous hardening in chromic acid, with the following results. The disease was considerably more advanced in the right lobe than in the left. The cells of the affected portions were in various stages of atrophy—i.e., at the outer margin of the yellow patches the liver cells, though retaining their normal size and shape, were filled with fat-globules, and, after twelve hours' immersion in a solution of carmine, were but slightly tinted. It should here be remarked that the cells and stroma, at a little distance from the margins of the atrophied patches, were to all appearance natural. Nearer to the centres of the yellow area great changes were observed; the hepatic cells had become shrivelled to about half their normal size, their outline was extremely irregular, and the carmine tint was very faint. They contained an abundance of oily matter. The central parts of the affected portions showed still further changes. The fatty cells had in great measure disappeared, and aggregations of brightly-glistening nuclei were found imbedded in a fibrous interlacing stroma, which, though delicate in some places, was for the most part dense and well-marked. In this matter liver-cells could be occasionally seen, either contracted and altered in shape, or of a size nearly natural, but in an advanced stage of fatty degeneration. These nuclei were found to be numerous, or otherwise in exact proportion as the hepatic cells had become atrophied and disappeared. It was further observed that here and there the nuclei were elongated, and exhibited a tendency to assume a linear arrangement; but this condition, though occasionally met with, was rare, and by no means a characteristic feature in the case; they were, for the most part, scattered without any definite arrangement in the fibrous matrix. Again, in other places, the hepatic cells had entirely disappeared; the nuclei were found few and far between, imbedded in an amorphous granular débris. The walls of the bloodvessels did not appear to have suffered in the atrophic process; if anything, the reverse obtained, and the fibrous parietes of the smaller arteries were thickened. The bile-ducts were, to all appearance, in a normal state. In no part of the section examined were crystals of leucine or tyrosine visible.

This case was diagnosed during life to be one of yellow atrophy of the liver, quite as much by a process of elimination as on account of any very marked peculiarities in the symptoms. With the exception of jaundice there were present none of the symptoms of gall-stones, and neither the man's age nor appearance, nor even the most careful examination, made it probable that there was any malignant disease or tumour pressing upon the gall-duct. It was therefore concluded that the jaundice was not caused by retention and reabsorption of bile, but was due to the suppression of that secretion. The man's previous history, the length of time during which the jaundice continued, the rapid and increasing prostration which accompanied it, and its resistance to remedies, clearly proved that, if owing to suppressed secretion, this suppression could not have been the result of mere innervation, or even of disordered hepatic secretion. There was no evidence of tubercle in any part of the body, and the apparent diminution in the size of the liver and the pain caused by examination pointed far more to atrophy than to either fatty or amyloid degeneration of this organ; and upon these grounds the diagnosis was formed. During the progress of the case several attempts were made, by means of the sugar and sulphuric acid test, to ascertain whether biliary acids were present in the urine. In this case, however, as in many others, the test which proves perfectly successful when used upon decolorised bile failed in the presence of the biliary colouring matter to afford any reliable evidence.

HOSPITAL FOR WOMEN.

CASES OF OVARIOTOMY.

THE following is a brief record of all the cases of ovariotomy (ten in number) performed at this hospital during the year 1871, for the notes of which we are indebted to Mr. Walter Rigden, the house-physician.

To prevent needless repetition, we may as well state here that in all the cases the pedicle was tied and dropped in. A double ligature was passed through the centre of the pedicle, and tied on each side; and then one of the ligatures encircled the whole pedicle, and was tied again. No special care is taken to prevent access of air to the abdominal cavity, which is always thoroughly cleansed out with sponges on holders wrung out in warm water, before the sutures are inserted. When the wound has been brought together a broad piece of strapping about three inches wide is placed across the abdomen tightly from hip to hip, and a large linseed-meal poultice with a drachm of laudanum is applied, and is changed every four or six hours, and continued for six or seven days.

All the cases for the first week, or longer if the ward is not required, are kept in a separate room, after which they are removed on an easy running sofa to a general ward. Each case is treated essentially on its own merits; stimulants being given according to the pulse. Case 10 had not more than one tablespoonful of brandy during the first week; particular care was taken to give what food each patient was able to take in small quantity, and to allay pain and vomiting as soon as they arose. It may be as well to remark that all cases which presented themselves, which were going on from bad to worse, had the option offered them of a chance of cure by operation.

Of the ten cases, seven recovered (one dying two months after at home), and three died in the hospital.

CASE 1. *Multilocular cyst; history of three months' duration; cyst slightly adherent; perfect recovery.*—S. D——, admitted under Dr. Sanderson, January 7th, 1871, aged twenty-six; married three years and a half, one child two years and a half ago; catamenia regular, profuse, and painful. She stated she had never been strong since her confinement, which was attended by flooding; she kept her bed for two months, with tenderness in abdomen and bad breast. Four months afterwards she fell ill again, with sickness. The abdomen enlarged. She got better in a week or two, and went to her work for five months, when she fell ill again for two months, then got better, and continued moderately well till the present illness. Three months ago she noticed she was getting larger, and fancied she felt a lump in the left iliac region; she had constant pricking pains all up that side. The tumour occupies the whole abdomen; it is dull on percussion, and resonant in the flanks; deep fluctuation through; girth at umbilicus, 41½ in.; uterus high up in the pelvis, and central; the measurement is 3¾ in. Urine healthy.

Operation by Dr. Edis, Jan. 28th.—Slight adhesions to abdominal wall, easily broken down. The cyst was removed, the pedicle tied and dropped in, and the operation completed in the usual way. The cyst which came from the left side weighed 4¼ lb. It consisted of one large cyst and several small ones growing from its interior, one of which fell out on to the floor during the operation. The fluid measured fifteen pints.

Albumen appeared in the urine for the first twenty-four hours after the operation. The sutures were removed on the sixth day. On the seventh there was some tenderness and resistance in the left iliac fossa. The uterus, apparently fixed by deposit in left cul-de-sac, was very tender to the touch.

She slowly improved, and was discharged March 11th. Uterus mobile and central. Nothing detected in either cul-de-sac.

October, 1871 (seen and examined by Dr. Edis).—Uterus central and mobile. No thickening in ligaments detected. General health good. Is in service.

CASE 2. *One large cyst; two or three smaller ones; history of eight months; perfect recovery.*—S. M——, aged thirty-two, married six years, three children, last nine months ago, admitted under the care of Dr. Meadows, March 4th, 1871, the catamenia being present at the time. Menstruation was regular till last pregnancy, but has been irregular since. Four weeks after her confinement the patient woke up in the middle of the night with great pain across the lower part of the abdomen, not more on one side than the other, and thought it was the spasms. She got better in a fortnight, and in another fortnight noticed the right side of the abdomen larger than the left; no pain or uneasiness. For three or four weeks she suffered nothing from it, but was then taken with severe pain in the swelling, like knives cutting. These pains lasted off and on for two months, and weakened her so much that she could scarcely stand. She has been feeling better since. Her side has been getting much larger.

She came as an out-patient under Dr. Squarey in August, 1870, with a tumour in right iliac fossa, extending an inch beyond the umbilicus; it seems elastic and rather tender; indistinct fluctuation and dulness on percussion; above the pubes, on the left side, a softer and more elastic mass is felt, not distinctly connected with that before mentioned. On vaginal examination a tumour is felt in front, and on each side of the uterus, but giving the impression of not being connected with the tumour felt in abdomen.

On admission the girth at the umbilicus was nearly 32 inches; the tumour reached 1½ inch above umbilicus, freely movable. Uterus high up in pelvis; no tumour felt per vaginam; urine normal.

Operation, March 18th.—The tumour, which sprang from left ovary, was found free from adhesions; four pints of viscid, slightly milky fluid were removed through the trocar; the pedicle was tied as in other cases, and the tumour removed. A closely compacted cystic tumour, about the size of a large pear, found in connexion with each ovary, was removed, and some little cysts in the left broad ligament were opened, and the contents evacuated. The wound was closed, and the abdomen covered with linseed and laudanum poultices, which were changed every four hours.

The patient recovered without a bad symptom. A trace of albumen appeared on the third day. Sanguineous discharge came on the fourth day, and lasted in small quantities four days. The sutures were removed on the sixth day. The wound was perfectly united, but there was some little suppuration afterwards from one of the upper sutures.

A fortnight after the operation the uterus was found central, fixed by deposit around, but especially in the posterior half of the pelvis, quite elastic, and somewhat bulging. Six days afterwards the lump was only felt as a hard ridge behind the uterus.

The patient was discharged thirty-two days after operation. She came as out-patient August 1st, when she stated that she continued to menstruate quite regularly, and has sexual desire as much as ever.

CASE 3. *Multilocular cyst; history of three months; recovery.*—C. T——, aged thirty, single, admitted under Mr. Heath March 22nd, 1871. The catamenia began at seventeen years of age; very profuse; lasting a week; the last interval being only a fortnight; no pain. Eight weeks ago her attention was attracted to the abdomen by feeling pain in the left side, when she found it very hard and resistant and larger than usual. Dr. Robson, of Iver, who has attended her, said that it had increased two inches in three weeks. She thinks she has noticed her abdomen large for three months. Appetite good. Nearly the whole of her abdomen is occupied by a tumour rather more to the left than the right side; dull on percussion; felt rising out of the pelvis on the right side; moderately smooth on the surface; harder and nodulated in the left hypochondrium; the whole right side of the tumour is less hard and more elastic than the right. No distinct fluctuation; no enlargement of superficial veins. Girth at umbilicus, 32 in.

Vaginal examination.—The cervix felt of normal length, rather soft; directed downwards, backwards, and to the left. Sound three and a half inches upwards and slightly to the right, quite in front of the tumour, which is felt posteriorly and very close to the uterus. The tumour in the pelvis is the same as that in the abdomen. Urine normal.

A consultation was held, and the almost universal opinion was that the case was more likely to be a uterine than an ovarian tumour; but an exploratory incision was recommended, as patient was getting unfit to do any work.

Operation, March 25th.—The tumour was found to be an extensively multilocular cyst of the right ovary, with a very broad pedicle and no adhesions. The uterus felt healthy, not particularly enlarged. The fluid removed, which was small in quantity, was very viscid, and dark-brown in colour. The cyst, which was very solid, weighed 7 lb.

The urine for the first twenty-four hours contained a trace of albumen. The sutures were removed on the fifth day. The wound was quite united, but gaped a little five days afterwards, and did not perfectly heal for another month, when she was discharged (May 11th).

Aug. 23rd.—Well and strong; cicatrix sound; pain in right iliac region after exertion.

We must reserve the continuation of this report until our next number.

SAMARITAN HOSPITAL.

ULCER OF THE STOMACH; RUPTURE OF THE HEART.

(Under the care of Dr. WILTSHIRE.)

C. B——, a widow, aged fifty-seven, came to the hospital on Jan. 16th, 1872, complaining of a "bilious attack." She has pain between the shoulders, distress and tenderness at the epigastrium, and flatus and vomiting after food, which always excites pain; has occasionally vomited "black stuff," and has melæna; bowels open; urine high-coloured, but not thick; pulse very feeble. A daughter who accompanied the patient said that a few nights before her mother had had a curious attack, which, from the description given, might have been of an epileptic character.

An ulcer of the stomach was diagnosed, and a mixture of bismuth, soda, hydrocyanic acid, and calumba was prescribed.

Three days afterwards the patient sent to say that she was better, but the day being wet she had not ventured out. The night following the patient felt so much better that she partook of meat for supper, and afterwards ate some figs. An hour or two after this, when about to undress for bed, she was suddenly seized with "faintness" and expired.

At the post-mortem examination (at which, owing to the courtesy of Mr. Dowd, the gentleman who was called to the patient when she died, Dr. Wiltshire was enabled to be present) the pericardium was found to be distended with blood, which had escaped from a rupture, three-quarters of an inch long, in the right ventricle. The muscular tissue of the heart was in a state of marked fatty degeneration. The valves, though the seat of some atheromatous change, were competent. In the posterior wall of the stomach, about the beginning of the pyloric third, were found three small ulcers, their surfaces being covered with discoloured blood. Each was about the size of a split-pea, and they were grouped around the cicatrix of an old ulcer, which measured three-quarters of an inch by half an inch. The other organs of the body presented nothing notable.

The sudden death of the patient from ruptured heart permitted a verification of the diagnosis of gastric ulcer made during life; and the case affords another instance of the healing of large ulcers and subsequent invasion of the organ with a like lesion.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 20TH, 1872.

MR. JOHN HILTON, F.R.S., PRESIDENT, IN THE CHAIR.

THE PRESIDENT intimated to the Society that the Council had recommended that portions of certain evenings should be set aside for the discussion of abstract questions. Any member of the Society might make a prearrangement with the secretaries for the exhibition of specimens or drawings illustrative of some particular point, and, due notice having been given beforehand by means of the usual channels, there could be little doubt that very valuable discussions would result from the observance of this plan. The time had certainly arrived when the Society might make use of the enormous amount of valuable material accumulated in the volumes of its Transactions, and attempt to deduce therefrom important generalisations.

A report by the Morbid Growths Committee on Mr. Hutchinson's case of tumours growing between the tibia and fibula stated that the tumours in question belonged to the round-celled division of Virchow's class of sarcomata.

Dr. C. T. WILLIAMS exhibited a patient whose chest showed an unusual amount of depression in the lower sternal region. The deformity was congenital, and appeared like an exaggeration of the deformity sometimes met with in cobblers. Besides the sternal depression, there was some general flattening of the chest, and the shoulders were thrown considerably forwards; but there was no true curvature of the spine. The heart was displaced laterally, and the liver drawn upwards. Dr. Williams's account of this patient was accom-

panied by an elaborate statement of his family history and the exact measurements of the thorax.

Dr. C. J. B. WILLIAMS went into the subject of this deformity at considerable length, quoting similar cases, and hinting that the proper employment of calisthenics might be useful for its removal.

Dr. MURCHISON thought that this deformity would have caused the liver to be displaced *downwards* rather than *upwards*. He inquired of Dr. Williams if the position of the lower margin of the liver had been accurately observed?

Dr. C. T. WILLIAMS stated that the displacement of the liver was *upwards*, but why this was so he could not say.

Mr. W. ADAMS exhibited a specimen of Osteo-malacia of the Humerus, which had been removed from a woman aged sixty-one, who had died in the Highgate Infirmary. The compact tissue was very thin, and the shaft of the bone was filled with a gelatinous substance. Other bones of the body exhibited a similar condition. The specimen was referred to a special committee for examination.

Dr. MOXON exhibited a Lung and some most excellent drawings illustrative of the expansion and softening of small grey tubercle. Dr. Moxon kept the attention of the Society for some time while he discoursed in a humorous manner on the subject of tubercle in general. The specimens which he had brought before the Society, though of a kind which was common enough in every post-mortem room, might, he said, in one sense be regarded as almost unique, as, on referring to the Society's records, he found that no specimen of undoubted tubercle had been brought under discussion since the session of 1869. He had given over all attempts to discover the microscopic characters of a tubercle. It was described as consisting of lymphoid cells in a fibrillary stroma. For his own part he was a disbeliever in the stroma, and was very sceptical as to the lymphoid character of the cells.

Dr. GREEN stated his belief in the lymphoid character of the tubercle-cells, and he most certainly had seen the stroma. He considered that the softening which had taken place in Dr. Moxon's specimen was due to the disintegration of pneumonia, which was secondary to the tubercle, and consequent upon it.

Dr. DOUGLAS POWELL agreed in the main with Dr. Green. He had often found a distinct stroma, which in his opinion was well marked in proportion to the chronicity of the tubercle.

Dr. CAYLEY denied that the stroma of tubercle and the stroma of a lymphatic gland were in any way identical. In tubercle-stroma there were no distinct cells at the decussations of the fibrillæ.

Dr. MOXON advocated the appointment of a committee to collect and examine specimens of tubercle. He thought that the members, by showing their specimens to each other, would stand some chance of coming to some definite opinion, more or less unanimous, upon the subject.

Dr. PEACOCK exhibited a Tumour of the Chest which had been removed from a young man who had come under his care at the Victoria-park Hospital. The patient had presented symptoms and physical signs which led at once to the undoubted diagnosis of an intra-thoracic tumour, and on post-mortem examination several sarcomatous tumours were found affecting the glands of the neck and axilla, growing round the big vessels at the base of the heart, covering the pericardium to a considerable extent, and involving the root of the right lung in a large sarcomatous mass.

Dr. PEACOCK also exhibited a drawing of a Colon, the subject of enormous distension. The patient from whom it had been removed was a music-master of sedentary habits, who had been subject to constipation of a most obstinate kind, for the relief of which he had been in the habit of using injections of water. He was admitted to St. Thomas's Hospital for the relief of his constipation, and while there he died somewhat suddenly and without, apparently, any immediate cause. On post-mortem examination enormous distension of the large intestine was found, affecting chiefly the ascending and transverse colon and the rectum to a less extent. The gut contained sixteen pints of fæcal matter, and there was considerable superficial ulceration of the mucous surface. No other pathological change was discovered at the post-mortem examination.

Similar cases were quoted by Mr. Thomas Smith, Mr. Croft, Mr. Weeden Cooke, and Dr. Thorowgood.

Dr. NUNNELEY exhibited a very interesting specimen of Congenital Occlusion of the Hepatic Duct, but, owing to the expiration of the time, there was, unfortunately, no discussion upon it.

Mr. WILLIAM ADAMS also exhibited a case of Depressed Fracture of the Skull in a child.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEB. 7TH, 1872.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—Dr. J. N. Agnew (Toronto), Dr. Bethune (Toronto), Dr. C. H. Carter, Dr. W. Hope, Mr. Albert Hunt, Dr. Kennedy (Toronto), Dr. Konrad (Pesth), Dr. J. G. Lock (Tenby), Mr. George Parr, Dr. W. L. Richardson (Boston), Mr. J. D. Shapland (Croydon), Dr. J. A. Temple (Toronto), and Dr N. Tolobschinoff (Kieff).

Dr. MEADOWS exhibited a specimen of Cystic Disease of the Ovary which illustrated, he thought, one of the possible modes of origin of the disease. The ovary was situate on one side of the cyst, and appeared to be almost, but not quite, entire. It contained several Graafian follicles upon its free surface, and there were one or two of larger size at the attached border of the ovary, in close juxtaposition with the one large cyst; and Dr. Meadows expressed his belief that this cyst had resulted from an abortive attempt of a Graafian follicle to escape from the ovary at its attached border. Not being able to effect this, it had gone on developing into the cyst exhibited.

The PRESIDENT suggested that cysts originating in the parovarium would probably always be simple, and yet the Fallopian tube is found passing round the half of the tumour both in compound and single cysts. He thought the explanation given by Dr. Meadows the most probable one, at any rate in the compound cysts.

Dr. FRANCIS R. HOGG exhibited some photographs of Military Female Hospitals, and gave an interesting account of their internal arrangements. They are chiefly intended for cases of parturition. The hospital at Woolwich is a building one story high, consisting of two large wards, with a smaller ward attached. In the parturition ward, adapted for ten patients, each patient has 1483 cubic feet of air. The average temperature in July was 69° F., and in December 47° F. Dr. Hogg believed the low temperature prevented the spread of scarlet fever and other fevers. Out of the last 278 cases, only one patient died.

Dr. J. J. PHILLIPS exhibited a Cedar Pencil four inches long, one end of which was covered with a phosphatic concretion, extracted from the bladder of a girl aged eighteen. The pencil had been passed into the vagina six months previously, and for four months gave rise to no inconvenience. Irritability of the bladder then supervened, and for six months there had been incontinence of urine. One end of the pencil was found in the vagina, the other in the bladder. It could not be extracted by the vagina, but was readily pushed into the bladder. The urethra was then rapidly dilated under chloroform, and the pencil extracted. The vesico-vaginal fistula closed, and on the fourth day there was no incontinence of urine. The patient made a good recovery.

Mr. JALLAND (of Horncastle) related a case of Vaginal Thrombus. There was no increase in size of the tumour during labour, and it offered no hindrance to the birth of the child. After expulsion of the placenta there was a rapid enlargement of it, and spontaneous rupture. The patient became pulseless and unconscious. The hæmorrhage was controlled by pressure firmly applied with the fingers, and this was continued for half an hour. The patient gradually rallied, and got quite well.

Dr. J. J. PHILLIPS read a paper on Retroflexion of the Uterus as a frequent cause of Abortion. The paper commenced by a reference to the subject of retroversion of the gravid uterus, so familiar to all obstetrical practitioners, and associated with retention of urine about the third or fourth month of utero-gestation. This complication of pregnancy was well recognised in all the text books on midwifery, and the influence of this displacement, if persistent, in inducing abortion was noticed by many writers. Dr. Tyler Smith, in a paper on the etiology of retroversion of

the gravid womb, had incidentally referred to the great tendency to abortion which existed in such cases. The object of the present paper, however, was to show that in a large number of cases repeated early abortions resulted from a retroflected state of the uterus, and that their true nature was very apt to be overlooked as they were not necessarily accompanied by any severe or well-marked bladder symptoms. The author had made it a practice to ascertain whether any marked disorder of structure or of position of the uterus could be found to exist in cases of repeated abortions, and the result of this had been such as to convince him that, after making due allowance for various constitutional causes, a most important factor in the production of abortions in many cases was retroflexion of the uterus, and that this should occupy a leading position in an enumeration of the local disorders tending to the premature expulsion of the ovum. He excluded from consideration those cases in which, in addition to the displacement, the uterus was bound down by perimetric adhesions. Various points in the clinical history of these cases were then noticed.

Dr. TILT admitted that any considerable amount of uterine displacement was a cause of abortion; but were the cases referred to cases of uncomplicated displacement? Dr. Tilt had frequently seen chronic inflammation of the womb cause successive abortions, the liability to which ceased on the uterus becoming healthy.

Dr. BANTOCK could not agree with Dr. Tilt, for he had always believed that inflammation of the uterus was a decided bar against impregnation; but he entirely agreed with the accuracy of Dr. Phillips's observations as to the frequent occurrence of abortion as a result of displacement of the uterus, either backwards or forwards. He had notes of several cases of abortion from displacement. Some of these were briefly referred to.

Dr. ROUTH thought the remarks made by Dr. Tilt more in accordance with his experience than those of Dr. Bantock. Flexions of the uterus, whether anteflexions or retroflexions, were, he considered, much more frequently the cause of sterility than of abortion. He thought that the author of the paper had not sufficiently insisted that no syphilitic taint existed in the cases; syphilis being, he believed, a very common disease among patients attending at Guy's Hospital.

Dr. RASCH said it would decrease the value of the discussion if certain well-known constitutional causes of abortion, like syphilis, were introduced into it. The subject of the paper was a certain well-defined mechanical cause of abortion which must be familiar to those engaged in obstetric practice, and he could fully subscribe to the author's views. In one point the paper might have been more distinct—namely, as it affected therapeutics. In cases of retroflexion produced, he believed, by some external violence during pregnancy, catheterism and one reposition of the uterus were often enough; but where the retroflexion was due to alterations in the texture of the uterus the proper treatment was to insert a Hodge's pessary, and keep it in till the fifth month. He also strongly advocated the prone position.

Dr. WYNN WILLIAMS said that ulceration and inflammation of the cervix uteri, and also displacements of the uterus, were occasionally the cause of sterility, at other times of abortion. Syphilis, although frequently, was not invariably followed by abortion, or we should have no congenital syphilis. He could relate cases of abortion due to displacements, and he had been in the habit of using Hodge's pessary in the early months of pregnancy.

Dr. BARNES said his own experience entirely confirmed the author's conclusion that retroflexion was a frequent cause of abortion. It was necessary to remember that there were two different forms of retroflexion. The first form he believed to be congenital; it was often associated with a narrow os externum uteri, and dysmenorrhœa and sterility were the consequences. The other form might be called "acquired" retroflexion. It generally arose after a labour, the heavy uterus falling back while the parts were in a state of relaxation. In this case pregnancy would often occur, and end in abortion. With reference to Dr. Tilt's suggestion he would observe that it was hardly possible to find a pure case of retroflexion. This displacement necessarily induced morbid conditions, especially engorgement of the body of the uterus and dilatation of its cavity. These secondary conditions might be concerned in producing the abortion, but still the retroflexion was the essential cause. Nor could Dr. Barnes assent to Dr. Bantock's observation that inflammation of the cervix uteri was a constant cause of sterility. Women frequently conceived while under treatment for this affection. He thought Dr. Phillips's paper would be useful in drawing attention to an important clinical fact.

The PRESIDENT said that, from the position of the retroflected uterus, a tendency to abortion might be *a priori* anticipated, for not only was the organ exposed to concussion from movements of the body, coitus, &c., but, in consequence of the dependent position, there was three inches' addition to the column of blood, the gravitation of which would retard the return into the veins, and thus assist in extravasation and death of the ovum. With regard to the increased difficulty in the discharge of the ovum referred to, he could say that in eight cases out of ten of abortion to which he was called in consultation, there was a retroflected uterus.

Dr. PHILLIPS then replied.

Some interesting cases which had occurred in the practice of Mr. Bassett, of Birmingham, were then read. The first was a case of concealed accidental uterine hæmorrhage, fatal before delivery could be accomplished; the second one of placenta prævia without hæmorrhage at the time of delivery; the third, a case of rupture of a varix in the genital organs during pregnancy; and the fourth was a case of destruction of the uterus by a severe labour.

Dr. WILTSHIRE thought the use of Barnes's dilating bags would have been useful in the first case.

Dr. BARNES, in answer to the PRESIDENT'S question whether others had observed cases of placenta prævia without hæmorrhage, said he had seen such cases. They illustrated his theory of the physiology of placenta prævia. Hæmorrhage was not an absolute necessity in such cases. In Mr. Bassett's case probably that part of the placenta which came within the lower zone of the uterus had undergone such alteration of structure that it had ceased to be in vascular relation with the uterus. In reference to the first case just read, it was an illustration of what he had long ago pointed out, that fatty degeneration of the placenta was a cause of accidental hæmorrhage.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 9TH, 1872.

DR. GREENHOW, F.R.S., TREASURER, IN THE CHAIR.

THE discussion, commenced at the last meeting, on Mr. Cooper Forster's paper respecting the treatment of aneurism was resumed by Mr. BARWELL, who, in accordance with a suggestion from the chairman, put himself in order by reading a paper on the "Treatment of Popliteal Aneurism by Mechanical Compression." In the middle of May, 1870, Mr. Barwell, Mr. Cadge of Norwich, together with Dr. Beverly, treated a gentleman, aged thirty-eight, for a right popliteal aneurism due to violent exertion. Dr. Carte's apparatus was applied, and the screws carefully adjusted. No lowering diet or remedies were given; neither opium nor chloroform administered. Chloral acted well the first time, but on a second trial so uncomfortably that the patient declined to take it again. The subject was possessed of remarkable patience and fortitude. Nevertheless he described to Mr. Barwell that on the morning of the fifth day he felt that he could go on no longer; the artery throbbed so violently and rapidly, the screws jumped with each beat, and he himself felt dispirited and exhausted, when the artery suddenly gave up the fight, and he felt quite comfortable and at ease. The cure, thus effected in five days, was confirmed by a fortnight's rest. The author drew attention to three points. 1. This cure was followed for three months by pain, and although the patient could in the same winter (1870–71) both dance and skate, yet walking at that time provoked pain. In one of the cases detailed at the last meeting by Mr. Forster, severe pain existed six years after the cure. This pain, Mr. Barwell believes, is a constant sequel, and yet no writer has mentioned it. 2. In reference to the choice between rapid and gradual cure by compression, it would be seen that an aneurism cured in three hours and a

half, in three-quarters of an hour, and, *a fortiori*, in twenty minutes, must, as far as danger from gangrene is concerned, be in the same position as one cured by ligature; hence, in an old enfeebled constitution, the choice of method must be influenced by this consideration. 3. The peculiar exacerbation of pain and throbbing just before the cure of the aneurism gives occasion to compare this case with certain published ones of spontaneous cure, as well as with some results of pressure-treatment.

After a considerable interval of profound silence,

Mr. MAUNDER remarked that Mr. Forster's paper brought before the Society the relative advantages of the quick and slow methods of cure, of which the speaker infinitely preferred the former. He thought that the implied imputation as to the fondness of London surgeons for tying arteries unjust, and asked Mr. Forster how many cases of popliteal aneurism had come under his care.

Mr. LAWSON related brief particulars of a case in which an aneurism of the common femoral was cured quickly by compression of the abdominal aorta under chloroform.

Mr. HULKE had moved the adjournment of the debate to elicit a thorough ventilation of the subject; and opined that whereas the speedy method must produce a black, spongy clot, and the slow method a tough, laminated, fibrinous clot, the latter method was safer and more satisfactory than the former. In three cases that had come under his notice, in which the quick method was performed, inflammation and suppuration took place: two recovered after amputation, and one died. The speaker remarked, *apropos* of Dublin practice, that Butcher tied the gluteal artery some few days ago; and believed that Mr. Lawson's was hardly a "quotable" case, because compression of the common femoral had been tried previously.

Mr. ARNOTT asked if in Mr. Barwell's cases any therapeutic means were adopted to diminish the heart's action, or any particular dietetic system ordered.

Mr. CROFT asked if there was any reason to suppose that a thin and slow current of blood through the clot always existed; and quoted a case described by him elsewhere in which such a pathological condition was clearly shown.

Mr. HULKE asked if Mr. Forster had any experience of the "kneading" treatment, whereby, it was supposed, the clot was broken up and the entrance of the sac occluded.

Mr. HART quoted a case that had occurred at St. George's Hospital *apropos* of Mr. Croft's remarks, and said that a sharp and acute attack of pain frequently occurred at the instant when the blood was diverted from its natural channel; and emphasised the opinion before expressed as to the advantages of the quick over the slow modes of compression.

Mr. THOMAS SMITH commented upon the occurrence of severe pain when final occlusion of the sac took place, and thought that in some cases the gravity of the symptoms induced had caused the operator to proceed to amputation of the limb.

Mr. DE MORGAN thought that something of this kind must have taken place in one of Mr. Barwell's cases, and cited two instances in which the patients prayed for operation on account of pain, but that after a certain period of agony a cure was effected in both cases. The large increase of the tumour—the sudden stoppage of the flow of blood, caused perhaps by a detached clot which formed a sort of valve—the revolution of this valve by the heart's action and reaction—and a power of retraction which finally occurred in the aneurism itself, by which the clot was forced back and permanently fixed—were, he conceived, the processes that consecutively occurred.

Mr. THOMAS SMITH thought, if the sac were distended, it must be a *sine qud non* that a valve exists at the exit as well as at the entrance of the sac; and believed that, if such occurred, the pain might be at once accounted for without the existence of a valve.

Mr. BARWELL, in replying to Mr. Arnott, said that, on general grounds, it was undesirable to interfere with or change the general regimen of the patient, in order to avoid irritability as far as possible. He thought that more energy should be displayed in the record of unsuccessful and successful cases alike.

Mr. FORSTER said that, excluding many cases the notes of which were lost, he could vouch for seven popliteal aneurisms within the last twelve years. The chief question that required to be settled was,—How long should compression be maintained before deligation is finally decided upon and adopted? According to his own opinion, all popliteal aneurisms were curable by flexion, compression, or instruments, but he believed the "kneading" plan to be entirely inadmissible.

Mr. J. W. HULKE read a paper on Cases of Cancer treated with Condurango in the Middlesex Hospital. The author and his colleague, Mr. Campbell De Morgan, were enabled by the present of a parcel of condurango bark by an American surgeon to begin, in November last, a second trial of this reputed remedy for cancer. When this supply ran short, the trial was continued with bark bought of John Bell and Co., and with a fluid extract very liberally placed at the author's disposal by its makers, Messrs. Bliss, Keine, and Co., of New York. After briefly noticing its natural history, and the physiological and therapeutic properties assigned to the condurango, the author proceeded to relate two cases of ulcerated hard cancer of the female breast, and one of rodent cancer of the face, in all of which the exhibition of the reputed remedy failed to modify favourably, or to retard the progress of the disease. The result of this trial confirmed the author's first one, made in August and September last, which showed that, as a remedy for cancer, condurango is absolutely inert.

Mr. DE MORGAN also read a paper containing a report of three cases treated at the Middlesex Hospital, showing the uselessness of condurango; and he mentioned others which had come to his notice, tending to prove the same thing. He considered it very important that the fact should be widely made known that this and other so-called remedies for cancer had really no effect on the disease, as statements of wonderful cures were inducing the public to put faith in them, and to waste time and money in their trial. Of the cases on which he had tried the medicine, two were advanced cancers of the breast, and one was uterine. The patients were suffering generally from the effects of the disease, and were considered fit cases on which to try the experiment. The medicine was given regularly and carefully in the manner directed. In no one instance was there the slightest improvement in the conditions of the local disease, which advanced at the same rate as before; neither was there any diminution of pain or discharge, or any change for the better in the characters of the ulcerations. There was not, moreover, any general improvement. For a day or two they thought they had a better appetite, but this was the mere transient change one always sees in cancer-patients. None of the changes which were said to take place in the conditions of the urine or the perspiration had been observed. Mr. De Morgan's impression was that the downward progress of these patients had not been arrested for one instant by the agency of the drug.

Mr. Arnott and Mr. T. Cooke made some brief remarks on the subject, and the Society adjourned.

READING PATHOLOGICAL SOCIETY.

THE following paper "On the Aspects of Law and Medicine in relation to our Criminal Jurisprudence, with special reference to cases of Insanity," was read by the Surgical President, Mr. George May, sen., at the meeting on the 21st ult.

Public attention has been drawn to this important subject by the late trials of the Rev. Mr. Watson and Christiana Edmunds, the results of which I cannot but regard as a reproach to our legislation too intolerable to be longer sustained. The only plea of insanity accepted by our judges in criminal cases is the inability of the prisoner to distinguish right from wrong at the time when the crime was committed. The opinions of many learned psychologists are in direct antagonism to this legal dictum, and they declare it to be erroneous, and inconsistent with our knowledge of the manifestations of unsound mind. This conflict of opinion has been so painfully developed in the trial, conviction, and subsequent reprieve of Miss Edmunds, that public feeling has been shocked, and our laws have been brought into general disrespect, if not contempt. It is believed that many persons of unsound mind retain the abstract knowledge of right and wrong, although the judgment and the power of controlling the will may be diminished or perverted, though not entirely lost. If this be true, it must result that every alleged criminal act should be held responsible to the law, ex-

tenuating circumstances being admitted under the plea of insanity, and punishment awarded according to the degree of proved mental aberration. To admit the contrary would be a direct encouragement to crime and dangerous to the public weal. Both law and medicine are concerned in the solution of this important problem. Law deals with the applicability of the penal statutes, and medicine, personified in the experienced physician, must be the best exponent of psychological phenomena, since the structure and functions of man, and the physical and mental derangements to which he is subject, are the objects of the study and practice of his professional life. When skilled in forensic investigations, who can be found better qualified to detect the crafty malingerer, and to elucidate the truth—now proving the offence to be the act of an unfortunate aberrate, and now only the culminating crime of a life of hardened villany? But to give due weight to the opinion of such a man, he must take an *official* position in the judicial inquiry. Trial by jury, so dearly cherished by Englishmen "as the palladium of our civil rights," is sorely taxed in cases of disputed insanity. If to define sanity and insanity be a puzzle to the most acute metaphysician—if to fix the boundary in many cases be simply impossible, is it reasonable to expect a jury, composed of men of ordinary intelligence, satisfactorily to dispose of cases involving subtle distinctions, and replete with doubts and difficulties even to the most accomplished medical jurist. We need not wonder that medical evidence is not always complimentary to our profession, since all legally qualified practitioners are not psychological experts, and from the nature of their professional engagements, and the absence of special training, they cannot be; and yet they are called to give evidence, and to express opinions for the guidance of jurors, on the issues of which hang life or death. At the trial of Miss Edmunds important medical evidence in favour of her insanity was adduced, but it was overruled, the unhappy prisoner was convicted and condemned, and then submitted again to medical inquiry, and ultimately reprieved. Surely this reproach to our jurisprudence cannot endure. I venture to ask the members of this Society to concur with me in asserting the time to have arrived when, in the name of justice and humanity, and for the honour and dignity of our profession, we are called to urge the Legislature to investigate and revise our laws in relation to criminal jurisprudence, and especially with regard to cases of questionable sanity.

Reviews and Notices of Books.

On the Treatment of Fractures of the Limbs. By SAMPSON GAMGEE, F.R.S.E., Surgeon to the Queen's Hospital, Birmingham. pp. 296. London: Churchill. 1871.

THIS work consists of a series of eight lectures delivered before the students of the Queen's Hospital, Birmingham, on the Advantages of Immovable Apparatus in the Treatment of Fractures, and is, to a great extent, a reproduction and extension of the views formerly expressed by the same author in a College Prize Essay, published in 1853. Nineteen years' practice of his profession has only confirmed Mr. Gamgee in his faith in the "starch bandage" as in every way the best means of treatment for fractures of all kinds.

It is now more than a quarter of a century since Baron Seutin personally introduced into this country his method of treating fractures by immediate reduction and the application of a starched bandage accurately moulded to the limb, and yet at the present time scarcely any surgeon of note in this country adopts, as a rule of practice, this treatment or any other involving the immediate use of an "immovable apparatus." In France the same objection seems to be entertained against such appliances; but in Germany, on the contrary, the application of a plaster-of-Paris bandage, or some other form of immovable apparatus, has been for the last twenty years the ordinary rule of treatment.

The principles of treatment advocated by Mr. Gamgee are—"1st. Immediate reduction, regardless of spasm, blebs, extravasation of blood, or inflammatory swelling. 2nd. Circular compression. 3rd. Immobilisation." There is nothing new in them, nor do we find anything new in the means he adopts to attain these objects; they are exactly the same as those employed by Seutin in 1834. The question naturally arises, Why has the mode of treatment made so little progress in this country? We can understand a French surgeon preferring a complicated splint to a starched bandage, but simplicity has always been supposed to be one of the characteristics of English surgery of which we are most justly proud. Why, therefore, do we still use, as a rule, an immense variety of splints in preference to one uniform and simple apparatus? Mr. Gamgee believes the cause to be the "antiquated prejudices and scholastic errors" which have infected, and still infect, the "vast majority of surgeons," including, with "not very many exceptions, the most notable authorities, ancient and modern, British and foreign." These "prejudices" are chiefly three: first, a belief in the necessity of special apparatus to maintain extension, or to fix the limb in such a position as to relax the muscles causing displacement; secondly, a desire to see the limb at the seat of fracture during the first few days of the treatment; and, thirdly, a fear of gangrene resulting from the "circular compression" exerted by a starched bandage, or from swelling of the limb in the unyielding apparatus. And they are, no doubt, aided by the fact that the treatment of simple fractures by the means ordinarily in use is so satisfactory as not to give rise to any desire to change.

With regard to the prevention of displacement, Mr. Gamgee asserts that, if properly applied, while the limb is held in its normal position by assistants, the starched bandage is superior to any other means—the uniform gentle pressure it maintains on the limb making it almost impossible for the fragments, when once reduced, to return to their former abnormal position. This he illustrates by a number of recorded cases, among which we find three of fracture of the femur reported as recovering without shortening. Such results can, however, only be attained when the surgeon hits the happy medium between looseness such as to allow displacement, and tightness such as to induce gangrene. "This is a lesson only personal experience can supply"; and in his own practice Mr. Gamgee has never seen any evil consequences result from the "circular compression" of the bandage; on the contrary, he has found the inflammatory effusion greatly less, and the effused blood more rapidly absorbed, under the starched bandage than under the ordinary splints. In the treatment of compound fractures, Mr. Gamgee always closes the wound, even when of considerable size, and applies a starched bandage immediately over the limb; and he states that in the majority of cases recovery takes place without suppuration. He considers exclusion of air the most important part of the treatment, and devotes a page or two to criticism of the "antiseptic" mode of dressing, asserting that in it the "grand principles of rest, position, pressure, exclusion of air, union by first intention, and the glorious simplicity of scientific surgery go for nothing." We are not aware that any of the advocates of the antiseptic treatment consider rest or position unnecessary in the treatment of fractures, and we may remind Mr. Gamgee that union by the first intention is the object aimed at in the dressing.

With regard to the immediate use of the starched bandage in simple fractures, we believe Mr. Gamgee has certainly shown that in his hands the results have been remarkably good, and have been attained with much less inconvenience to the patient, and probably also to the surgeon, than they could have been by other means.

OUR LIBRARY TABLE.

The Birmingham Medical Review: a Quarterly Journal of the Medical Sciences. No. I., January, 1872. Birmingham: Cornish Brothers.—This new venture in provincial medical journalism is well printed on good paper and contains some sensible articles on surgical subjects. In medicine it is not as good as might have been expected from a centre of medical education which boasts so many able physicians as Birmingham does at the present time. This number opens with a short but practical paper on Ulcers, by Mr. Furneaux Jordan, in which he endeavours to show "that all ulcers are the result of diathetic or constitutional states," and that the three varieties under which all ulcers are included are the "syphilitic, or eczematous, or strumous." Mr. J. D. Hill, of the Royal Free Hospital, follows with Practical Remarks on Varicocele and its Radical Cure. The next paper on Resection of the Knee-joint, by Mr. West, is illustrated by four lithographs of successful cases, and gives an account of them, with temperature-charts, *in extenso*. Mr. West advocates the operation in suitable cases, using the horse-shoe incision, preserving the patella where practicable, and paying special attention to immobilisation of the joint for two or three months after the operation. An abstract of Dr. Lionel Beale's address on Contagious Disease Germs, a brief account of two surgical cases at the South Staffordshire General Hospital, and an exhaustive paper on the Physical Principles concerned in the Passage of Blood-corpuscles through the Walls of the Vessels, by Dr. Norris, a subject on which that gentleman has already written with ability, conclude the original communications. The remaining thirty-four pages of the number contain Reviews and Bibliographical Notices, Jottings at the Societies, and Periscope. Many subjects of interest are considered in the reviews, and a candid spirit of criticism is evident throughout.

On Pelvic Hæmatocele. By ALFRED MEADOWS, M.D., M.R.C.P., Physician to, and Lecturer on Midwifery at, St. Mary's Hospital. London: J. E. Adlard. — This little book is a reprint from the Transactions of the Obstetrical Society of London. Dr. Meadows believes that pelvic hæmatocele is by no means so rare an affection as is generally supposed, and, while deprecating a too minute classification of the causes which produce it, is inclined to adopt a physiological or pathological rather than a merely anatomical division. When the swelling is of any considerable size, Dr. Meadows is strongly in favour of tapping per rectum, as opposed to the expectant plan of treatment.

Historical and Critical Sketch of the various Methods of Treating the Pedicle in Ovariotomy. By D. LLOYD ROBERTS, M.D., M.R.C.P., Physician to St. Mary's Hospital, Manchester. London: Adlard.—After considering and dealing with the various methods adopted for securing the ovarian pedicle, Dr. Roberts enforces the opinion that no one method is universally applicable; each case must be treated according to its conditions. The work is reprinted from the Manchester Medical and Surgical Reports, and the information it conveys is eminently practical and concise.

Worms: a Series of Lectures on Practical Helminthology. By T. SPENCER COBBOLD, M.D., F.R.S. London: J. & A. Churchill.—A few of these lectures have already appeared in the pages of a contemporary; the remainder have but recently been delivered. With the exception of hydatids, Dr. Cobbold has considered nearly all those forms of internal parasitism which demand medicinal treatment. Seventy-eight pages are devoted to the consideration of tapeworms; and scattered throughout the book are records of several interesting cases. The work has the great merit of being divested of needless technical verbiage; and we can confidently recommend its perusal to those who are interested in the subject of entozoa.

The Household Cookery Book, Practical and Elementary Methods. By URBAIN-DUBOIS, Author of the "Artistic Cookery" and the "Cosmopolitan Cookery." 8vo, pp. 532. London: Longman, Green, and Co.—The author of this work is actuated by the very proper desire to improve domestic cookery without increasing the expense attending it, and he has in his various writings placed the means for effecting this object in the hands of the public. On the score of health, we gladly approve his intentions and the book he has now given us. Our author rightly says that "it is essentially the interest, not only of the housekeeper and cook, but no less the mistress of the house herself, to become acquainted with as well the practice as the theory of a simple yet varied, and both wholesome and pleasant style of cookery." The modern dinners have much to answer for in causing derangements of health; and if the public would consent to adopt the culinary prescriptions of Urbain-Dubois, the doctor would be less frequently required.

Social Politics. By W. DYSON WOOD, Assistant-Surgeon to the West Riding Prison at Wakefield. Wakefield: J. Robinson. 1871. — This is one, and the smaller, of two pamphlets that the author has been good enough to send us. Mr. Dyson Wood discusses various political topics of a mixed medical and social character—such as the Education Act, the Contagious Diseases Acts, Licensing Bill, &c. He thinks the opposition to the Contagious Diseases Acts "a very noisy one, a very ignorant one, and a very narrow one." He holds that the tendency of many of these diseases to become hereditary, in direct or indirect forms, constitutes an overwhelming argument in favour of giving, wherever possible, a legal validity to every effort on the part of science to limit their spread. Mr. Dyson Wood concludes by observing that it remains yet to be proved whether Mr. Gladstone "has in him the moral fibre of a ruler as well as the sentimentalism of a demagogue."

New Remedies. A Quarterly Retrospect of Therapeutics, Pharmacy, and Allied Subjects. 1871.—The present number contains a great deal of useful information. The therapeutist in particular may glean many practical hints from a perusal of its pages.

PROFESSOR WILSON'S LECTURES ON DERMATOLOGY.

Delivered at the Royal College of Surgeons, February, 1872.

LECTURE III.

CONTINUING his description of phlyctenous affections, the Professor first considered herpes. After alluding to its frequency, so much greater than statistics would suggest, and describing the characters of the eruption, he said that it is a good instance of the identity of disease in ancient and modern times, always having received the same names and awakened the same prejudices. We find expressed by Pliny the popular dread of the present day, that death will occur if the herpetic circle is completed. The groups of the vesicles correspond to branches of the cutaneous nerves. The slighter forms of herpes—as on the lip—are familiar to all; on the trunk the course is similar—puncta, soon becoming vesicles, with contents at first clear, soon opaque, then yellowish, drying into a scab, which, falling, leaves a white cicatrix for the rest of life. From pemphigus it differs in its local distribution, the absence of any relation to cachexia, and its brief, definite course. No part of the skin is free from the occurrence of herpes. The pain may be merely that of the local inflammation of the skin, or neuralgia may precede or follow it, and the neuralgia may be prolonged and last for months or years. Herpes may follow the course of large nerve-trunks, or, as in H. labialis,

that of the peripheral cutaneous twigs. It occurs more frequently along the intercostals than in the region supplied by the rest of the nerves; and it is more common on the left side, perhaps from communication between the affected nerves and the organic plexuses distributed to the stomach and digestive organs, and the morbid influence resulting from such intercommunication. The exciting cause is generally cold. As an affection of large nerve-branches it rarely occurs more than once in a lifetime. Connected with smaller nerve-twigs, in H. labialis and H. preputialis recurrence is the rule. Although it may never have been known to encircle completely the trunk at one particular zone, cases are on record where it has been simultaneous on both sides of the body, but in different regions. Although usually observed in a single region, and affecting only one or few nerves, Mr. Wilson has met with one case in which there were five separate tracts, each around a hemicircle of the trunk, between the collar-bone and the groin.

The treatment of herpes and pemphigus must correspond to the difference in their origin. Constitutional remedies, so essential in the latter, are, in the former, mere adjuvants to the local management, the chief point being the correction of any visceral disturbances with which it may be "sympathetic." Locally, in each, the dredging-box and desiccant powders are needed, and, perhaps, oxide of zinc ointment rendered more cooling and gently stimulating by the addition of a little spirits of wine. The subsequent neuralgia may require strong sedatives; perhaps, when practicable, division of nerve-trunks. In ulcerative herpes and cachectic pemphigus, local tonics may be necessary, powder of chinchona bark, carbolic acid in ointment, or a lotion of chloride of zinc, which give tone and counteract the tendency to decomposition and gangrene. For H. zoster a lotion of lime-water and oxide of zinc answers best. H. labialis and preputialis may sometimes be checked at an early stage by painting with tincture of iodine.

The furunculous affections, ecthyma, hordeolum, furunculous anthrax, constitute the fourth group. Their special morbid characters are a degree of isolation, referable to the follicular origin of the disease, the deeper implication of the skin in the inflammatory and pyogenetic processes, and the tendency to gangrene and ulceration. The old dermatologists distinguished between psydracious pustules on the surface, mere vesicles with purulent contents derived from the rete mucosum, having no scar, and phlyzacious pustules, more deeply seated in the corium, originating in a follicle, deriving pus from the connective and other tissues of the substance of the skin, and leaving a cicatrix. The furunculous affections are of the latter form. Their treatment is that of a surgical affection of the skin, modified less by the peculiarities of the disease than the constitution or habits of the patient. Digestion &c. must be put right, because a part will more rapidly recover its health with a healthy whole than with an unsound whole. Locally, some forms need merely palliation, others stimulation. In the early stage of a boil slight counter-irritation may occasionally arrest its progress. During the suppurative stage poultices may be necessary, and, afterwards, stimulating ointments, especially resin ointment.

The last group of common inflammations of the skin consists of the traumatic affections. Only four of these are represented in the College collection. One is the ulceration produced by the local contact of arsenical solutions—deep ulcers, coated on the surface by buff-coloured lymph, bordered by a red margin, and surrounded by a purplish-red, thickened, and desquamating areola. The aniline dyes have also the property of exciting an inflammation of the skin having the characters of aggravated eczema, attended by considerable effusion beneath the epidermis. The progress is slow, and the dermatitis apt to recur at intervals of a few weeks for a considerable time. The last model exhibited was one of a peculiar eruption on the metacarpus of the thumb, whence a line of inflamed tubercles extended upwards to the axilla, the intervening spaces being pale-red. Unfortunately the model had no history attached to it, but the tubercles probably consisted of a glandular adenoid tissue developed from the lymphatics.

THE Quarterly Court of the Governors of the Hospital for Consumption and Diseases of the Chest, Brompton, was held on Thursday, the 22nd ult., when legacies amounting to £2050 were announced.

Foreign Gleanings.

APPLICATIONS OF ELECTRICITY.

PROFESSOR BENEDIKT lately read a paper on the application of electricity for the removal of tumours before the Medical Society of Vienna, which is reported in a recent number of the *Wien. Med. Presse*. He points out the great improvements that have been made of late years in the construction and mode of application of apparatus, and refers particularly to the powerful current that can be obtained from the lead-zinc battery of Fromhold. He has himself constructed a carbon-zinc battery of great usefulness, which can be set into action by a concentrated solution of bichromate of potash and sulphuric acid (1 to 15). He mentions as the principal forms of tumours in which electricity has been found efficacious:—(1) Inflammatory swellings of the joints, in which, however, the current should not be applied directly to the inflamed part, but to the sympathetic spinal cord, or nerves supplying it; (2) fluid tumours resulting from inflammation, as hydrocele; (3) angiomata and aneurisms, in which several needles connected with the positive pole should be introduced; (4) lymphatic tumours, in which negative needles should be passed so as to break down the larger into smaller tumours, but the current should not be too strong, lest suppuration and ulceration occur; (5) indolent buboes; (6) neoplasmata; (7) carcinoma.

TANNATE OF QUININE.

Is this salt completely inactive or not? It would appear, from a discussion in the Academy of Medicine of Paris, that opinions vary. Messrs. Chauffard, Briquet, and others think it has no action; M. Mialhe, the eminent pharmacologist, thinks it has some. He qualifies, however, this view by saying that, in spite of some activity, the tannate of quinine is a *detestable* salt. Passing on from the tannate to the sulphate, M. Mialhe makes the following remarks worth recording. "Sulphate of quinine should never be employed as a basic sulphate, but as an acid salt. In this acid state the sulphate may compete with all other salts the base of which is quinine; for it should be noticed that it is the quinine itself, and not its saline combinations, which acts. The acid only serves as a vehicle for the introduction of the quinine into the blood; in the latter the quinine is set free by means of the alkaline or earthy bicarbonates which the blood contains, and then its modifying action begins. It is a mistake to believe that the sulphate of quinine, when this salt is administered, can be traced in the urine; the salts traced are the acid phosphate of quinine associated with the phosphates of lime and magnesia."

THE MUSCULAR SYSTEM OF THE SMALL BRONCHI.

On this subject Professor Rindfleisch, in the *Centralblatt* of Feb. 3rd, makes the following remarks:—1. The smallest bronchi have a special and distinct layer of transversely disposed muscular fibres, which, in the places where the former debouch into infundibula, are specialised into a sphincter; they are capable of considerable dilatation, and have under their epithelial layer a finely meshed network of capillaries, like those of the lungs. 2. The circular fibrous tracts of the smaller bronchi send loop-like processes into the mouths of the infundibula, which penetrate to the fundus of the same. At from two to four points, tracts of smooth muscular fibres surround the infundibula in an annular form; these muscular rings lie mostly in the inwardly directed portions of the alveolar septa. 3. All these muscles are, in the so-called brown consolidation of the lung, in a condition of hyperplasia; those who have seen them in morbid specimens will be able to recognise them, though they are very delicate, in normal lungs.

SCHIFF ON NUTRITION.

At the conclusion of his lectures on this subject, the learned professor says:—"Nutrition is a complicated function; we cannot as yet appreciate the importance of the factors which take a share in the general end of nutrition, and much less to decide upon the particular origin of the disturbance of nutrition observed in inflammation." It is plain that the field of inquiry open before young physiologists and pathologists is sufficiently extensive.

THE LANCET.

LONDON: SATURDAY, MARCH 2, 1872.

THE General Medical Council assembled in full force on Thursday afternoon. Sir ROBERT CHRISTISON was the only member who was not present. His absence is the more to be regretted that it was due to indisposition. The impression produced by the first proceedings of this session of the Medical Council is that of the excessive improbability of this body ever agreeing to either one or three Conjoint Schemes. We repeat what we said last week, that all complaints should be suspended until the close of this supreme effort of the Council and of the various Universities and Corporations to agree upon some scheme for achieving a combination of the examining bodies of the country. The number of these and the competition of them are acknowledged by the Council itself to be great evils that should be remedied, and the present meeting is assembled for the special purpose of receiving the opinions of the bodies in the different parts of the country. It is clear, then, that the Council has a claim at this moment to great consideration, and that its proceedings are entitled to the special attention of the profession. Still it seems at the moment of our writing extremely doubtful whether any satisfactory solution of the question will be arrived at. Various difficulties are suggested. Many of the bodies had not, up to Thursday, even replied to the request of the Council urging them to undertake arrangements for the formation of Conjoint Boards without delay, although six months have elapsed since the request of the Council was conveyed to them. Sir WILLIAM GULL, with just feeling, protested against the delay of the bodies which had not replied as disrespectful to the Council. Then in every part of the country objections are being raised to the scheme suggested, or others are proposed which are not admissible. In England, where the examining bodies have shown the most disposition to subordinate their individual interests, some unexpected and grave difficulties have arisen. The London University, for example, finds that, with every approval of the scheme suggested by the London Colleges, it is not able by the terms of its charter to give its sanction to the proposed regulation that no candidate shall be admitted to the M.B. degree until he has passed the final examination of the Conjoint Board. Again, the Apothecaries' Society protests against the scheme as inconsistent with the terms of the Medical Act. In Ireland, though at the conference of the different bodies a conjoint scheme was agreed upon, two or three of the individual bodies raise objections, and withhold their assent. In Scotland, as our readers know, there is even less agreement than in Ireland. The general opinion of the Scotch bodies is that any additional examination should be only a clinical or practical one, and that candidates for it should previously pass the examinations of the existing bodies. These various differences show how many difficulties are before the Council. The next few days will show whether this body is capable of surmounting them.

MR. BRUCE has at last given to the world the text of the measure by which he proposes to replace the Contagious Diseases Acts; and he describes it as "A Bill for the Prevention of certain Contagious Diseases, and for the better Protection of Women." Neither the former nor the latter portion of the title is at all justified by the Bill itself, which has, in truth, little or no relation to Contagious Diseases at all; and is neither more nor less than an attempt to repress the external manifestations of prostitution by means of penalties. It provides that any woman who "solicits or importunes" shall be liable to imprisonment under the Vagrant Act; and that, when so imprisoned, or when imprisoned for any other offence, she may, if found suffering from contagious disease, be detained beyond the term of her imprisonment, either in the prison infirmary or in a certified hospital, for the purpose of cure. So far, therefore, if a woman plies her trade with sufficient indiscretion to incur imprisonment, and if this same woman chances to be infected, she may perhaps be cured before she is released. But this slender prospect is still further diminished by the fact that the Bill expressly excludes the power surgically to examine the women so imprisoned; and it will therefore be impossible to discover, without their own consent, whether they are diseased or not. If they prefer liberty to detention in a prison infirmary or certified hospital, they will only have to deny that they are diseased, and to refuse to be examined by the surgeon; and then there will be an end of the matter. The only prostitutes affected by the Bill, as far as health is concerned, would be a fraction of a portion of a percentage—those, namely, who, being imprisoned for other causes, and being diseased, would be ready to proclaim themselves so for the sake of detention and treatment. It is manifest that the old, the battered, and the utterly friendless and incurable might fall within this category; but that the young prostitute with a primary sore would at once return to her former career, rendered wise enough by her experience to keep clear of imprisonment for the future.

In the face of Mr. BRUCE's own full admissions of the good effects of the Acts which he proposes to repeal, and in the face of the overwhelming evidence on which these admissions are based, we regard his proposals as constituting a phenomenon happily new in English politics. It has been the good custom of our rulers in time past to forsake office rather than principle. One thinks that a man of merely average uprightness would come to Parliament and say: "These Contagious Diseases Acts have been sources of great good—of unmixed good in certain directions, of good preponderating over evil in others. An ignorant clamour has been raised against them; and it would be difficult, perhaps unwise, to attempt at present to extend them. But I hope time and experience will enlighten the public upon the question; and I, in the meanwhile, will have no hand in their repeal." Mr. BRUCE takes the contrary course. He expatiates upon the good that has been done; he describes the clamour that has been raised;

and then says that he, an English gentleman and a Cabinet minister, is going to stoop to this clamour—to soil his fingers with the dirty work of those who have raised it—to take away from the public the scant measure of protection hitherto afforded—to mulct the taxpayer in the cost of the restoration of syphilis to its old position in the sickness returns of the army and navy. Mr. BRUCE seems to have a curious conception of the nature of duty. We fully admit that an English statesman must be the exponent of English public opinion. But we also hold it to be his peculiar function to distinguish between public opinion and the agitation of noisy nobodies; to know the difference between the cheering with which Mr. ODGER is received in Trafalgar-square and that which greeted the Prince of WALES on Tuesday. The respectable middle classes cannot agitate, and they look to statesmen to protect them against the results of agitation. A homely proverb tells us that he who keeps a watch-dog should have no occasion to bark himself. What is the use of a Home Secretary if the laws are to be subverted because a half-frantic woman shrieks out at a public meeting—"Will you have your wives and daughters torn from your arms by police spies, and violated with infernal instruments by doctors?" Of course the meeting replies in the negative; but the transient feeling excited by such false representations would speedily die away in the total absence of any facts to support it. Even enthusiasm cannot live on error for ever. Mr. BRUCE deliberately abandons the law and his own convictions and the interests of the public in obedience to an outcry in which he does not even profess to believe. If his Bill be passed, it cannot fail enormously to increase disease, and for this increase Mr. BRUCE will be directly and personally responsible.

Upon the general question of the repression of prostitution, which lies beyond our province, we desire to offer no opinion. But we think the Bill proposed by Mr. BRUCE would fail at every point in effecting even its apparent objects, that it would lead to much persecution and to innumerable groundless accusations, and that its proper title would be "A Bill for the Promotion of Trumped-up Charges, and for the Extortion of Money from the Helpless."

ON a recent occasion we very briefly adverted to the prevalence of enteric fever in India; and Dr. BRYDEN, in a report on age and length of service as affecting the mortality and invaliding of the European regiments, has some remarks on the same subject. Dr. BRYDEN is, no doubt, a hard worker and a hard thinker; but his productions occasionally strike us as illustrating the fallacies into which men dealing with masses of figures and contemplating groups of diseases, but relatively unacquainted with those diseases as they affect the individual units, are liable to fall. As the individual recedes into a position of utter insignificance to form a part of a decimal, so the special conditions that may have caused the separate units of disease are lost sight of by being submerged in the general conditions affecting the whole mass. Where a subject—like that of the causes of disease, for example—is difficult of elucidation, from the number and uncertain value of the different factors present in the problem, the man who contemplates a mass of facts in his study is very likely to miss "the point" in his reasoning from them, when a less able man who subjects each of the series of units to careful observation, as they occur at the time, and in the order of their sequence, would not do so. The "official" statistical study of disease is one thing; the clinical observation and investigation of it is quite another, and sometimes the most valuable. We are far from denying that both plans are essential to our understanding disease aright. But the laws derived from the former are, after all, empirical in their nature. Let us take this subject of typhoid fever. In the first place, it has not yet been satisfactorily proved to our minds that all the continued forms of fever of warm climates that are enteric in their nature are necessarily of the typhoid—that is, Peyerian type. But, assuming such to be the case, and that cases of typhoid, with the distinctive pathological affection of Peyer's glands, have occasionally occurred between 1844 and 1856, as Dr. BRYDEN states, we confess our inability to explain the fact that these ulcerations of the intestines escaped the notice of so many excellent observers who practised in India years gone by, and that typhoid fever should have been recognised as a common and very prevalent disease there now. Dr. BRYDEN, however, wishes to impress the practical truth that every body of young men which comes to India may be expected to suffer from typhoid the first hot season—not because of a special poisoning derived from the locality in which it may be placed, but "because in the young, when the influence of heat tells on the nervous system, infiltration of Peyer's glands follows, the characteristic eruption is manifested, and the fever pursues its course and ends in resolution or in death." This seems to us an extraordinary *non sequitur* in pathological reasoning, and a curious generalisation. On physiological grounds we should have imagined that the period of greatest functional activity of an organ was the most likely time for its responding to morbid influences; and, hence, that a young man with highly-developed and relatively active follicular glands would be more likely to contract typhoid fever than a middle-aged or old one in whom they were less developed or even altogether absent. Surely Dr. BRYDEN must be aware that, geographically speaking, typhoid fever is distributed over a vast surface of the globe, and that it is to be met with, we might almost say, from the Himalayas to the Falls of Niagara. If it is more common in autumn after hot and dry seasons, it is still often enough met with in wet and cold ones, when the influence of heat on the nervous system could have had no connexion with the infiltration of Peyer's glands. That the enervating influences of a hot climate, acting on young, unformed lads fresh from England, are predisposing causes to fever, we have no doubt. Dr. BRYDEN speaks of a zymotic element being developed in every case of typhoid; and he thinks that some facts he records ought to teach us that a zymotic poison exists to which "young men succumb as communities, and not as individuals." This, again, strikes us as a kind of hypothetical generalisation which is practically valueless; it is very like darkening counsel with words. If he means that typhoid is contagious or infectious, why not say so at once; or if he holds that it is so under conditions that obtain in communities, why not say that? We are far from

affirming that we have exhausted our knowledge as to the causes of typhoid fever. That the twenty-seven deaths recorded in Bengal for 1869, for example, should have been returned for twenty-one stations, is an interesting fact; but it does not disprove that the fever was determined by local causes. What we want is more reliable information, undertaken on the spot, and at a time when the occurrences are still fresh in the minds of those who have observed them. Dr. BRYDEN states that typhoid fever may be mistaken by the inexperienced for typhus where the nervous symptoms are severe, and, we may add, by the experienced as well—at least where the period of observation is limited. He selects an illustrative case from Dr. BECHER, who ought, if anyone should, to have possessed the necessary experience to distinguish the type of the fever in his patient; and we strongly suspect that, from Dr. BECHER'S intimate acquaintance with German pathology and practice, he may have used the term "typhus," meaning "abdominal typhus." Be this as it may, it is certain that cases of typhoid fever in warm climates occasionally exhibit at the outset nervous and general symptoms closely resembling those of typhus with, though extremely rarely, a petechial rash; but the subsequent progress of these cases generally leaves no room for doubt. By far the most interesting fact, however, in Dr. BRYDEN'S report is that which he records of the native army and gaol population; neither of which afford any authentic history of typhoid fever. This influence of race in bestowing such immunity from this disease is very remarkable. In the records of the native army, Dr. BRYDEN does not know of a single death attributed to typhoid that is not open to question; and there is no evidence of its existence in the native population. But, what is most extraordinary, in gaols, where post-mortem examinations are performed, he does not know of any well-established instance of the occurrence of typhoid fever out of 41,246 deaths among that population.

VIERORDT, it is well known, considered that the variations in the delicacy of touch in the several regions of the skin of the extremities depended essentially on the extent or freedom of the movement that this portion of the skin was capable of performing around the common axis of the limb. This statement was supported by the observations of ULLRICH and KOTTENKAMP upon the arm, which showed that the delicacy of the sense of touch at any point of this limb was represented by two factors: on the one hand, by the general increase in acuteness that occurred in it, as a whole, from the shoulder towards the fingers; and, on the other, by the increased delicacy that was manifested in each segment of the limb—as the upper arm, forearm, hand, and fingers—in proportion as the part examined was more distant from its own proximal joint. In a recent paper published in the *Zeitschrift für Biologie*, the results of a series of researches made by Dr. A. PAULUS at VIERORDT'S suggestion upon the lower extremity are given. He points out that this member is not so well adapted for experiments of this nature as the arm: first, because in the arm the proximate joint for each segment is always placed on a higher plane than the distal, so that the excursions of the parts more distant from the shoulder progressively increase, which is not the case with the lower extremity—as, for instance, in the hip and ankle joints; and, secondly, because in the lower limb the proximal parts of its three great divisions (thigh, leg, and foot) not unfrequently perform wider excursions than the peripheric parts. It was reasonable to suppose that these differences would lead to corresponding differences in the development and acuity of the sense of touch. PAULUS'S experiments were much less numerous than those of KOTTENKAMP and ULLRICH, and were limited to the anterior external surface of the limb, the sensibility of the skin being always tested by WEBER'S method in a transverse or horizontal direction, because the skin is slightly more sensitive in this than in the longitudinal direction. He found it convenient to make a series of test objects by fixing needles into small pieces of wood at definite distances from each other, and to avoid fatigue the experiments were never continued for more than half an hour at a time. He took the upper border of the great trochanter as being at the level of the point of rotation for the leg as a whole, and states that from this spot to the heel was eighty-nine centimetres. The thigh was tested at eight places at distances of six centimetres from each other. The axis of the knee-joint was taken at two centimetres above the lower border of the patella. The sensibility of eight localities was taken in the leg at distances of about five centimetres from each other. The dorsum of the foot was twelve centimetres long, and was tested in three localities at four centimetres distance from each other; and the great toe was six centimetres and a half long, and was tested opposite the articulation between the first and second phalanx and at the tip. The experiments upon the thigh, which he tabulates very clearly, show that the sensitiveness of the skin of the thigh progressively increases from the level of the hip towards the knee-joint, increasing rapidly just above the knee-joint—a peculiarity that was also observed in the upper limb of KOTTENKAMP and ULLRICH. The same holds good for the foot and great toe—that the sensitiveness of the skin increases in proportion to the distance of the part experimented on from the ankle-joint; on the other hand, the experiments on the leg gave the remarkable result that the delicacy of the sense of space or distance *diminishes* from the knee-joint as far as to the middle of the tibia, where it attains its minimum; but from this point it gradually rises again to the ankle-joint. This apparent exception to the general rule, as Dr. PAULUS shows, in reality strongly supports the theory that the sensibility of a part of a limb is proportioned to the freedom of the movement it is capable of executing; for whilst in the swinging of the leg that occurs when the foot is off the ground in walking or in voluntary vibration of the limb the lower parts of the limb make the greatest excursion, the opposite obtains when the foot is planted on the ground in walking and in many of the movements we execute whilst sitting with the sole of the foot on the ground. The parts about the knee-joint, under such circumstances, move through the greatest arc. When the knee is bent so as to stretch the skin, its sensitiveness increases for some distance, both above and below the joint. A comparison between the arm and the leg shows that the sensitiveness increases much

more rapidly in the former than in the latter in a downward direction; so that whilst the proportion between the shoulder and tips of the fingers is as 1 : 24, it is only as 1 : 8½ in the corresponding regions of the lower limb. This difference, as VIERORDT points out, is probably dependent upon the greater rapidity with which movements are executed by the upper extremity as compared with the lower.

Medical Annotations.

"Ne quid nimis."

THANKSGIVING DAY.

"HAPPY is the people that is in such a case"—must have been the instinctive exclamation of everyone who witnessed the Thanksgiving Day. The look and bearing of the people showed how thankful they were. They seemed full of that happiness which is one of the best forms of gratitude. And with all their happiness, or, rather, as an element of it, there was a very extensive feeling of devout obligation to the King of Kings and the only Ruler of Princes. The prevalent sobriety and kindliness and loyalty of the assembled millions were everywhere noticeable. As on the side of the people so on that of the Throne, all was worthy of praise. Next to the bearing of Her Majesty and the Royal Family during their great sorrow, their graciousness and considerateness in connexion with the Thanksgiving will rivet the affections of the people to the Throne. All ages and classes and creeds were gathered together for one glorious act of common worship in the great cathedral. A far less sensitive man than we take H.R.H. the Prince of Wales to be, would be deeply and permanently touched by what he saw on Tuesday last, and, if we are not much mistaken, the Prince will emerge from all his suffering and all his experience of sympathy with a deeper knowledge of the great place he holds in the nation, and a graver sense of the duties expected of him, than any ten ordinary years of his life could have given him. This is not a subject on which we have anything special to say further than this, that we have a thankfulness of our own in connexion with the way in which the distinguished physicians did their duty in the Prince's case, and with the recognition of their services by the Queen and the people.

THE PRINCE OF WALES.

THE millions who witnessed the happy progress of the Prince of Wales on Tuesday last had little cause for anxiety on his behalf, since his look of health was marvellously restored; though apprehension lest his constantly uncovered head might suffer from exposure to the keen wind may have been present to the minds of others besides his Royal mother. The select thousands, however, who witnessed his entry on foot into St. Paul's could not fail to notice that the Prince's step was less firm than of yore, and that he limped somewhat on the left leg. This was due, we have reason to believe, to some slight obstruction of the venous circulation in the limb, the result, doubtless, of recent illness, and but of a temporary nature. The duties of the day had necessitated an unusual amount of standing and sitting in a constrained position, and it is not wonderful therefore that the affected limb should have suffered somewhat from a deprivation of that horizontal repose which at once gives relief.

The arrangements of their Royal Highnesses for the next few weeks are not yet definitely fixed, but we believe that both the Prince and Princess will seek that repose which they must both so urgently require at one of the favourite health-resorts in the South of France. If any additional reason for the selection of that locality were required, it would be found in the fact that H.R.H. the Princess Christian has been for some months seeking in those parts that restoration to health which the public, no less than her relatives, desire for her.

SMALL-POX IN ENGLAND AND WALES.

THE comprehensive statistics which we gave on the 3rd inst. of the fatality of small-pox visitations in London would hardly be complete without a summary of the broad results for the whole country, confining ourselves for this purpose to the period since the registration of deaths was established, the Act for which came into operation whilst an epidemic of small-pox was in progress. At that time (middle of 1837) the disease was at its height at Liverpool and on the western side of England generally, and its course thenceforward through 1838 and 1839 is traced in the Registrar-General's second annual report. It destroyed 5802 lives in the last six months of 1837. In the five years 1838–42 the annual death-rate from small-pox averaged 57 per 100,000 living; the highest rate being 106 in 1838, and the lowest 17 in 1842. For the succeeding four years (1843–46) the facts remain unpublished, although they exist in the archives at Somerset House, whence we hope they will some day be disinterred. In the seven years 1847–53 the highest small-pox mortality was 41 per 100,000 in 1852, and the lowest 17 in 1853. The mean annual rate for all these years prior to the enactment of compulsory vaccination was 36. From 1854 to 1869 the rate varied from 7 to 34; in 1870 it was 12, and last year 101. The mean annual rate for the years since 1854 has been 23—that is, 13 per 100,000 less than in the period of permissive vaccination. We have not thought it necessary to give, for the whole country, a statement showing the small-pox and general mortality year by year, for the reason that our remarks previously on the alleged influence of the one upon the other in London are simply confirmed by the results obtained over all England.

As regards the present epidemic, the Quarterly Return just issued shows how widely it is diffused; while at the same time that it is prevailing with the utmost severity in a large number of towns and rural districts, there are many localities, urban as well as rural, singularly free from it. Thus, of the 6380 fatal cases registered last quarter, 4399 occurred in the following eleven counties: Durham, York, Lancaster, Northumberland, Stafford, Norfolk, Devon, Monmouth, Nottingham, Warwick, Somerset. In London the deaths were 980, so that the rest of England contributed only 1001 to the total. Not a single fatal case was registered in the county of Buckingham; while there was only one each in the counties of Huntingdon, Hereford, Rutland, and Westmoreland. The south-eastern counties generally were almost free from the disease. In the south-midland counties, there were outbreaks at Oxford, Northampton, Kettering, and Wisbeach; Norwich and Yarmouth were heavily visited. In the south-west, the disease was epidemic at Swindon, Bridport, Bideford, Bodmin, Redruth, Bridgwater, Yeovil, Plymouth, East Stonehouse, and Stoke Damerel. The west-midland centres of infection were—Wolverhampton, Coventry, and Birmingham to a lesser degree. Nottingham suffered severely, as also did most of the large manufacturing towns of Lancashire—notably Prescot, Salford, Oldham, and Rochdale; in Liverpool and Manchester there was a marked abatement of the epidemic. In Yorkshire, the towns of Sheffield, Wakefield, Hull, and

Scarborough, and, in the northern counties, Sunderland, Newcastle, Durham, Auckland, Easington, and Tynemouth, were conspicuous for their small-pox mortality. Monmouthshire and South Wales lost many lives by the epidemic; while in North Wales (except at Holywell and St. Asaph) very few fatal cases occurred. It would be interecting to know how far the exceptional severity of the epidemic in various places can be identified with the neglect of vaccination; but to this point we may hereafter have occasion to refer.

SIR WILLIAM JENNER, K.C.B.

THE *Court Circular* dated Windsor, Feb. 23rd, announced that Sir William Jenner had an audience of the Queen on the previous day, and was invested by Her Majesty with the insignia of the Order of Knight Commander of the Bath, and that the Prince Leopold and the Princess Beatrice were present at the ceremony. There is no physician upon whom this high honour could have been conferred whom the profession would consider more worthy of it than the distinguished Baronet, whose clinical and pathological contributions constitute an epoch in the history of medical science. Few men equal Sir William in the power of accurate differentiation of disease. His use of this faculty is to be noticed alike in individual consultations and in the invaluable researches which have constituted his special work. He has this further merit, that in the abundance of his insight into the nature of disease he retains the true faith of a physician in the progress of medicine as a practical art. "Extended knowledge and accumulated experience have only increased" his "confidence in the remedial powers of our art." Such confidence in a physician at once so clinical and so honest is the best encouragement to all earnest students of medicine. We are of the number of those who think that a still higher honour should have been paid to such work and such character as are represented in Sir William Jenner, and to such services as, in common with Sir William Gull, he has lately rendered to the nation; but we are not the less grateful to Her Majesty for the honour she has conferred.

POOR-LAW MEDICAL REFORM IN WORCESTERSHIRE.

THE meeting of the Worcestershire Chamber of Agriculture last Saturday week was an important event which, we hope, is to be imitated in other parts of the country. Whatever may be thought of the opinions so strongly advocated by Dr. Rogers, as to some of the details of the changes they would lead to, there can be no doubt that the general direction of his efforts is one that the profession ought heartily to approve and support him in. And we call attention to the fact that he becomes a power in the country when he finds or makes such an occasion as that of the Worcestershire meeting an opportunity of talking frankly to a large assembly of local magnates, and enforcing upon their minds the conviction that the cost of pauperism can only be effectively reduced by an increased efficiency of the system of medical relief. That the chairman of so influential a society as the Agricultural Chamber of Worcestershire should have summed up the feeling of the meeting in a speech which confessed that the main argument as to the relations between efficient provision of medical relief and the diminution of pauperism was just, and which, at the same time, pointed distinctly to placing the increased cost that would be necessitated to the national charge, and paying it out of the Consolidated Fund,—this, we say, is an important sign of the times. We trust that other friends to Poor-law reform will carry out the same sort of agitation elsewhere, for we are convinced that it is high time to supplement the somewhat sterile results of appeals to the general newspaper-reading public, by appeals to those more responsible and interested persons, the owners of real property throughout the country.

THE PROFESSION AT ST. PAUL'S.

A GOODLY number of the leading representatives of the profession were present at Tuesday's ceremonial in St. Paul's. Conspicuous among them were Sir William Jenner, Bart., K.C.B., Sir W. W. Gull, Bart., Sir William Fergusson, Bart., Sir Henry Holland, Bart., Sir James Paget, Bart., F.R.S., the President of the College of Physicians (Dr. Burrows), the President of the College of Surgeons (Mr. Busk), the President of the Medical Council (Dr. Paget), Dr. Carpenter, Dr. Sharpey, Dr. Storrar, Dr. Stokes (Physician-in-ordinary to the Queen in Ireland), Mr. Porter (Surgeon-in-ordinary to the Queen in Ireland), Mr. Wharton (President of the Royal College of Surgeons, Ireland), Dr. Acland (Oxford), Mr. Spencer Wells, Mr. White Cooper, Dr. Risdon Bennett, Dr. Lush, M.P., Dr. Brewer, M.P., Sir Alexander Armstrong, K.C.B. (Director-General of the Navy Medical Department), Inspectors-General Sir E. Hilditch, Sir David Dean, K.C.B., Dr. Anderson, C.B., Dr. Innes, C.B., and Dr. M'Illree; Deputy Inspectors-General Dr. Rutherford, C.B., Dr. Maclean, C.B., Dr. Domville, Dr. Mackay, Dr. Macleod, and Dr. Sloggett.

THE HOOGHLY AND BURDWAN FEVER.

COMMUNICATIONS from India give deplorable accounts of the ravages of this deadly and destructive pestilence. Whole villages are said to be depopulated by it, and large tracts of country, recently populous and flourishing, to be fast becoming pestilential wastes. Sanitary committees and commissioners, and skilled witnesses in abundance, have reported upon it, and there seems to be pretty general assent as to its being caused by the interception of the natural drainage of large tracts of Lower Bengal.

Regarding this fever Dr. Mouat wrote in his annual report of 1867 as follows:—

"It appears to me to be absolutely necessary that a fresh and careful survey of the Ganges and Brahmaputra, and of all their affluents and effluents, should be made, to show, by a comparison with Reynell's maps, the changes which have taken place in their course. A map of the tract of the country affected by the fever should also be prepared, and means be taken to secure a wholesome and abundant supply of water to those districts which have been deprived of it. So much public attention has been directed to the famine (in Orissa) that the fever has fallen out of sight. Yet I have reason to believe that the fever was the more destructive calamity of the two, so far as the loss of life is concerned. The causes of famine are temporary, and the succession of a few favourable seasons always removes its effects. The silting up of some of the great water-courses of the country is still going on, and fresh outbreaks of the pestilential fever may recur, and continue for many years to come. For this reason I venture to recommend the matter to the serious attention of the Government."

Five years have elapsed since the above was written tens of thousands of additional lives are believed to have since been lost; and yet no effective steps have been taken by the Government of Bengal to arrest the pestilence, which is advancing very near to the metropolis of British India. To call for public subscriptions only to meet such an emergency is a cruel and criminal waste of time.

In the present case there can be no such excuses offered as were brought forward in palliation of the ineffective measures of the Government in dealing with the Orissa famine. There are no economic laws to be set aside, no difficulties of transit in carrying the means of relief to the

afflicted. The people of the district, the oldest and the most loyal population of India, are perishing by thousands almost within sight of the seat of the imperial and local governments. These governments are now fully and fairly on their trial, and the people of England have a right to know why effective measures are not taken to deal with the calamity promptly and effectually, and in a measure commensurate with its great proportions and its destructive effects.

THE CASUALTIES OF THANKSGIVING DAY.

THE total number of persons who were received at the ten chief metropolitan hospitals in consequence of injuries sustained on Tuesday last was 227, who were thus distributed: St. Bartholomew's, 50; Charing-cross, 35; Middlesex, 32; St. George's and King's College, each 30; Royal Free, 16; Guy's, 13; St. Thomas's, 14; University College, 4; and Westminster, 3.

We have heard of only two fatal cases, which, strangely enough, were both taken to King's College. One was a baby only a few weeks old, who was stated to have been suffocated in the crowd; the other was an adult, who died suddenly in the crowd, probably from heart disease. There has been no post-mortem yet, but there is no visible injury that could have caused death.

Among the remaining cases were two fractures of the thigh, one compound dislocation of the ankle, and eleven simple fractures of the legs. The other injuries, excepting a few cases of concussion of the brain, were not of a dangerous nature, and consisted of one or two broken arms, sundry cases of broken ribs, sprained ankles, arms, and wrists, one dislocated elbow, four or five dislocations of the metatarsal bones, and a great many cut heads and slight wounds and contusions.

The accidents occurred in various ways. Some of the sufferers were knocked down and trampled on; others were wrenched in the sort of human rack in which their limbs had got entangled; others, again, fell from the various coins of vantage (scaffoldings, "stands," branches of trees, &c.) upon which they had mounted; and one man, weary no doubt with early rising and incessant walking about, sustained a dislocation of the jaw while agape with admiration at the gaslight and bunting in the Strand. Not a few of those who met with accidents had, in the excess of their loyalty, drunk deeply, and were consequently not so able to take care of themselves as their more prudent fellow-citizens.

Among the casualties there is an unusual number of strains and injuries of the upper limbs, and among them some half-a-dozen dislocations of the thumb, which is apparently a very awkward member in a crowd. Excepting this there is no feature of interest in the injuries. We are much indebted to the house-surgeons of the various hospitals for affording us all the information we required.

CHOLERA IN THE BALTIC.

A LETTER published in our columns of last week that gives particulars of cholera at Revel is specially deserving of attention. Revel is an important Russian port, situated on the south coast of the Gulf of Finland, about 150 miles west of Cronstadt, and, in common with most places on the shores of the Gulfs of Bothnia and Finland, is at present closed by the ice. Under ordinary circumstances, however, the navigation will be open at or about the end of March, and if the news and statistics quoted by our correspondent be correct, we must be on the look-out for an importation of the disease by way of our Eastern ports. Newcastle, Sunderland, Hull, and Grimsby have already, under the advice of Mr. Netten Radcliffe, set their shipping in order by instituting preventive measures, which have been in operation since the autumn, and so continue. But the local authorities of the port of London still seem to think that the whole duty of a sanitary committee is to wait and watch. Their place of meeting must perforce be paved with good intentions, for they have paraded plans on paper for a complete inspection of the river and the docks *as soon as cholera makes its appearance in the port or the metropolis*. It is astonishing to us that the very acute and active men who compose the Thames Shipping Inspection Committee fail to see that, by a continuance of this do-nothing system (having acknowledged and accepted sanitary responsibilities) they may positively assist the introduction of the epidemic into the country through London, the most populous port in the world.

DIVIDED RESPONSIBILITY.

IF illustrations were not as plentiful as blackberries of the absolute breakdown of the system of divided ministerial control in matters bearing upon the public health, we should be inclined to consider some remarks which fell from the Home Secretary in the House of Commons on the 23rd ult. as tolerably conclusive upon the point. A debate arose with reference to the operation of the River Lea Conservancy Act (1868), by which the residents on the watershed of the Lea were forbidden to drain into the river. Whereupon Mr. Bruce, with all the simplicity which ordinarily characterises his ministerial utterances, observed that "he hardly knew how it was that he found it necessary" to speak for the Government in this matter, "because he had supposed that a year or two ago this question was transferred from his care to that of the President of the Board of Health." It seems, however, that "after a careful scrutiny of the Act which was complained of, he found that the Home Secretary was introduced for two or three special purposes." Thus, in regard to a subject which Mr. Bruce declared to be "of the greatest importance to the inhabitants of London," it needed a chance motion in the House of Commons to make him aware that he possessed certain powers under an Act of Parliament passed less than four years ago.

MEDICAL MEN AND THE JENNER TESTIMONIAL.

UNDOUBTEDLY it is the public that should raise monuments to Jenner, and they cannot raise too many nor too grand ones. Mr. Warner argues to this effect in the *Gloucester Journal*. The profession advocates vaccination, and in this way largely does its duty in regard to honouring Jenner. Though medical men should be ready to even give money to raise a monument to Jenner, it is unreasonable to ask them to forego their vaccination fees for this purpose. Mr. Warner has heard a predecessor, a friend of Jenner's, say that the introduction of vaccination cost him £200 a year. We have often pointed out the profitableness of small-pox to the medical profession, and its disinterestedness in urging vaccination. It is, however, a vulgar view of the matter, and only justifiable as an answer to the few vulgar minds who conceive that medical men recommend vaccination because it brings fees.

HEALTH OF PARISIAN STATE PRISONERS.

IN spite of the oft-repeated complaints against the sanitary condition of Satory and the other French State prisons, the death-rate among the inmates has been comparatively small. Assuming an average confinement of four months, the mortality has been only 2 per cent., which is certainly below the normal average. The fresh breezes and the *pontons* have been credited with this result, as counteracting the privations to which the prisoners were subjected.

Removal from excitement, and the regular life of a prison, must also have had something to do with it. The conditions were rather worse, however, than those of State prisons nearer home. One of the released inmates of Satory stated that he had to sleep on wooden benches for the seven months of his confinement. A pound of bread per diem, distributed with beans for soup, was at first the allowance; but, the health of many breaking down under this regimen, portions of meat were occasionally served out, and a general improvement was effected.

AN AMERICAN PHYSICIAN ON SCOTTISH LUNATIC ASYLUMS.

DR. PLINY EARLE, the well-known alienist and superintendent of the Lunatic Hospital at Northampton, Massachusetts, has given, in his annual report, an account of his visit to the Scottish Asylums for the insane. An erroneous impression, he says, prevails in America not only of the extent to which patients have been placed in licensed houses in Scotland, but likewise of the extent to which the Scottish Commissioners advocate that mode of providing for them. These gentlemen believe that not more than from eight to ten per cent. of the insane are proper subjects for such provision. To the extent of that proportion Dr. Pliny Earle thinks that the State beneficiaries received at the Northampton hospital might, without detriment to the community, be domiciled in private families. They are the quiet, incurable demented—the same class as those who are relegated to the licensed houses in Scotland. Whether they would be better provided for in the hospitals is a point on which the Commissioners are at variance with some of the leading Scottish alienists. It is in the county or district asylums, however, that Dr. Pliny Earle finds most to admire in the Scottish lunacy system. "I am free to acknowledge that I have never seen any institution for the dependent insane which, upon the whole, coincided with my views of what such an institution should be more nearly than the district asylum for the counties of Kinross and Fife. The appearances of personal restraint were few, and the evidences of industry among the patients many. To such institutions I have the best of reasons to believe the Commissioners of Lunacy for Scotland extend their cordial approbation. It appears to me that in no other way can that future provision for the insane in Massachusetts be applied so favourably both to the interests of the taxpayers and the welfare of the insane as by county or district hospitals, corresponding in size and character with the above-mentioned asylum for Fife and Kinross." Americans do not often see much to admire or to imitate in British institutions; and it is therefore with peculiar pleasure that we notice this testimony to the merits of the Scottish asylum system from so accomplished an American as Dr. Pliny Earle.

SANITARY INSPECTION.

WE are happy to observe that the leading journal has lent its powerful aid to urge upon Government the propriety of committing the task of sanitary inspection, under any new enactment, to medical men alone; a matter to which we called special attention last week. A rumour has been for some time current that it was intended to multiply legal inspectors of the old Poor-law Board type, and to commit to them duties for which they would be wholly unfit. The *Times* of Wednesday, in its article on "Sanitary Inspection," dealt very fully with the whole question, and showed, in the most conclusive manner, that only evil could result from such an arrangement. The article contained also a well-merited tribute to the character and working of the Medical Department of the Privy Council, and described the medical inspectors of that department as having furnished it with "outlying brains," and not, as in the case of the Poor-law inspectors, with outlying eyes only. The article is one to which our readers would do well to call the attention of friends in Parliament.

THE UNIVERSITY OF LONDON AND THE CONJOINT BOARD.

IN approving of the scheme for a Conjoint Examining Board for England, the Senate of the University of London has reserved the right of the University to admit to a degree conveying a title to registration, without awaiting examination by the Conjoint Board, any person who shall have passed the Preliminary Scientific (M.B.) Examination of the University before the adoption of the scheme. It seems, however, that the question having been submitted to the Attorney- and Solicitor-General by the Home Secretary, whose sanction was needed to enable the University of London to combine in the formation of a Conjoint Board, these eminent lawyers have decided that the Senate have no power, having regard to the terms of the charter, to make the necessary alterations in the regulations of the University.

PARISH MIDWIFERY.

THE medical officers of St. Luke's, Middlesex, have made complaints of being called upon suddenly to attend to poor persons in labour, and of difficulties having been raised in subsequently obtaining their fees. We venture once more to ask the Local Government Board to issue proper regulations on the subject. In August, 1870, the guardians of the Holborn Union submitted a code of rules for the guidance and superintendence of the midwives and for the direction of the medical officers. These rules the Poor-law Board refused to sanction on the ground that they were about to issue some themselves, and hence the present difficulty in that Union. A question was also asked in Parliament last year, and the rules were again promised. The delay is surely culpable, seeing that it is a matter which might readily be settled in a very few hours by any inspector practically acquainted with the subject.

THE NAVY ESTIMATES.

THE medical votes of the Navy Estimates for 1872–73 show a slight increase in amount, due in part to the transfer to one of them of a sum of £5000 from another vote in the series. Vote 8, for the expenses of medical establishments at home and abroad, is taken for £59,926, against £57,906 of last year; and Vote 12, for medicines and medical stores, is for £70,800, against £67,600 last year. This last vote includes, as it did last year, we are happy to see, the sum of £15,200 for carrying out the Contagious Diseases Acts, so that the Admiralty, at least, appears unprepared to abandon its good efforts in this direction.

The only novelty we notice in the details of the medical establishments is the provision of a hospital at Esquimalt at a total cost of £577.

LADY CHARLES KER.

WE regret to learn that the symptoms in the case of Lady Charles Ker have, during the last few days, taken an unfavourable turn, and that but little hope of her recovery is entertained by her family and medical attendants. The well-known evidence of fracture of the base of the skull—the flow of cerebro-spinal fluid from the ear—has been present for some time, and latterly paralytic symptoms, betokening serious mischief at the base of the brain, have supervened.

THE MEDICAL SOCIETY.

A GENERAL MEETING of the Medical Society of London will be held on Monday, the 4th inst., at 7 o'clock in the evening, for the purpose of electing officers and Council for the ensuing year. The ballot will be opened at 7 and closed at 8 o'clock precisely. At 8 the ordinary meeting of the Society will take place, when a paper will be read. The President of the Society will hold a conversazione on Tuesday next at the Hanover-square Rooms; the invitations include ladies. From the popularity of the President we may anticipate a numerous assembly and a most successful gathering.

THE CLINICAL SOCIETY.

THERE was a thin attendance at the meeting of this Society on the 23rd instant. Mr. Brudenell Carter exhibited a patient in whom there was a tendency to atrophy of the optic nerve, and by means of his ophthalmoscope showed very distinctly the arterial pulsation in the optic disc. A useful and practical discussion ensued on a paper read by Mr. Bryant, which went to prove that colotomy was an operation too little appreciated and too seldom performed. Mr. Haward gave notes of several cases of distension of the antrum, and the Society adjourned early in order to inspect Mr. Carter's patient.

THE "HAMADRYAD" HOSPITAL SHIP.

THE annual meeting in connexion with this hospital was held on the 22nd inst., and the report recorded an increase of 60 in- and 1148 out-patients, as compared with the previous year. A fever hospital in connexion with the ship has recently been erected on shore, as to which we take leave to doubt whether the committee have exercised a wise discretion. A floating hospital is mainly recommendable on the score of isolation, and we take it that a small hulk of any sort, fitted up in the style of that now moored in the Tyne, would have been sufficiently suitable for the reception of any fever, small-pox, or cholera cases that might arrive in the port.

THE LATE PROFESSOR DAY.

THE members of the Council of the St. Andrews Medical Graduates' Association have initiated a movement for raising a fund to secure a life annuity for Mrs. Day, the widow of the late distinguished Professor of Medicine in the University of St. Andrews. Dr. Day was so laborious a worker in medical science and literature, and performed so much during the active part of his life for the advancement of medical education, that the project of raising an annuity for Mrs. Day is sure to be responded to heartily, not only by the medical fraternity but by men of science generally. We announce the project with sincere pleasure, and wish it every possible success.

"THE NATION'S WAVE."

A VERY good chart embodying in tabular form the main points of the Prince of Wales's recent illness, the daily bulletins, with a conspectus and notes of contemporary and connected events, has been issued for a shilling by Messrs. Houlston and Son, of Paternoster-row. It is an interesting record of one of the most important national events of modern times, and has a peculiar interest for the medical profession.

THE COLLEGE OF SURGEONS.

A SPECIAL MEETING of the Council of the College of Surgeons was held on Thursday last, the 29th ult., for the election of an Examiner, when the choice of the majority fell upon Mr. Spencer Smith.

SIR ROBERT CHRISTISON.

WE are sorry to learn that Sir Robert Christison is so far indisposed as to be unable to attend the meeting of the Medical Council and to incur the fatigue of the journey to London.

SIR WILLIAM GULL.

WE have again to offer our sincere congratulations to Sir William Gull, this time on his appointment as Physician in Ordinary to the Prince of Wales, an honour as well merited as it is appropriate.

PROFESSOR ACLAND has given notice of the following motion to be brought forward at the meeting of the General Medical Council:—"That a committee be appointed to consider and report whether it is expedient that the General Medical Council should have power to make such rules for the education of women as may entitle them to obtain a qualification to be certified by the Council. And that the committee do further report for what purpose such qualifications, if any, be granted, and the means that are most desirable for educating and examining therein, with especial reference to midwifery, the management of medical institutions, dispensing, and nursing."

WE have much pleasure in announcing that the Government of Versailles have awarded to Mr. Gordon Leslie, son of Dr. Leslie, of Alton, the ribbon and cross of merit, together with their special diploma, as "a token of gratitude for devoted services in behalf of the sick and wounded." Mr. Leslie, it will be in our readers' recollection, was associated with Dr. Goodenough in the work of the International Aid Society at Amiens, and the two gentlemen were for days the only persons available for relieving the agonies of a thousand French wounded in the sanguinary struggles before the capital of Picardy.

IN New York, Dr. Moreau Morris, the sanitary inspector to the city, has organised a corps of men for the purpose of fumigating rooms where small-pox patients have been kept. As soon as the patient is removed from the room, the fumigators commence their work by hanging up the clothes and bedding. A few pounds of sulphur, moistened with alcohol, are then placed upon the floor and set on fire; thus liberating large volumes of sulphurous-acid fumes. After a few hours the doors and windows are opened, and fresh air admitted.

MRS. GROTE has placed at the immediate disposal of the Senate of the University of London the library of the late Mr. Grote, the Vice-Chancellor, with the exception of those portions of it commonly classed as "general modern literature," which she retains in her possession for a while, and the University will enter upon the possession of the library without delay.

SURGEON CUTCLIFFE, F.R.C.S., now officiating as Professor of Anatomy in the Calcutta Medical College, and *ex officio* second surgeon of the College Hospital, has been appointed to officiate as Professor of Surgery in the Calcutta Medical College and first surgeon of the hospital, during the absence of Dr. Fayrer, C.S.I., who has obtained leave of absence to England on furlough for two years.

THE New Metropolis Water Act came into operation on Friday, the 23rd ult. The water companies are now required to examine the fittings, &c., of every house, and have the power of cutting off the water when the provisions of the Acts are not complied with. The penalties for defective fittings are decisive and stringent.

THE directors of the Leith Hospital, having just received £20,000 as part of a legacy bequeathed to them by the late Mr. Thomas Williamson Ramsay, lately a merchant in Leith, have resolved that the hospital buildings shall be extended so as to give an additional forty beds to the present accommodation. The new hospital is to be wholly set apart for the administrative department and for casual cases of illness, and when it shall have been completed the present building will be used exclusively for infectious diseases. The building is to cost £7000.

AN injunction having been lately obtained against the corporation of Leeds for polluting the river Clive, experiments were made with the object of ascertaining the most suitable and efficient method of disposing of the sewage of the town. The result has been favourable to the A. B. C. process, which the Town Council have accordingly resolved to adopt.

LORD LYTTON having declined the Lord Rectorship of St. Andrews University, rendered vacant by the informality of Mr. Ruskin's candidature, the Chancellor of the University (the Duke of Argyll) will have to issue a writ for a new election.

CHOLERA, says the *Calcutta Englishman*, is raging with great virulence in Chuckerbaria, Bhowanipore, and in the suburbs of Calcutta. From three to four of those attacked die daily. The outbreak is attributed to a sudden change in the weather.

AT a special meeting of the governors of the Middlesex Hospital on Thursday last, the 29th ult., Dr. Robert Liveing was elected physician to the hospital; and Dr. Robert King, the medical registrar, was elected assistant-physician.

BY the death of Mr. Serjeant Payne, the office of Coroner for the City of London and Borough of Southwark becomes vacant. The salary is £800 per annum.

DR. MAXWELL SIMPSON, of Dublin, has been appointed to the chair of Chemistry in Cork College, vacant by the lamented decease of Professor Blyth.

WE understand that a grand ball in aid of the funds of King's College Hospital will be held in Willis's Rooms on Monday, the 6th May.

LAST advices from the Cape say that the *Medway* is in quarantine on account of small-pox, and that a death has occurred on board.

IN Cheshire 67,622 animals have been attacked with the foot-and-mouth disease since August, 1869.

Public Health.

THE REMOVAL OF MORIBUND AND SMALL-POX PATIENTS.

WE have been waiting patiently for some action of the Local Government Board in regard to the frequent removal of moribund patients to the small-pox hospitals. The Homerton Committee reported some very glaring cases to the Metropolitan Asylums Board, and the managers forwarded the particulars to the Local Government Board, requesting that an inquiry might be held and blame fixed upon the parties upon whom the responsibility might rest. No answer has been returned as to whether any inquiry has been made; and the time has now passed when it could be held with any prospect of eliciting the truth. We observed that the Local Government Board addressed a letter on the subject to the Shoreditch board of guardians, who contented themselves with referring it to the parties implicated. But no evidence was taken, and no one is in a position to state that the matter has been satisfactorily cleared up. We want some decided action to put an end to the removal of dying patients to hospital.

PAUPER IMBECILES.

The Local Government Board have issued a circular to the metropolitan guardians calling attention to the serious evils arising from sending to the imbecile asylums at Leavesden and Caterham persons who were either of sound mind or who by reason of extreme old age and bodily sickness were ill-calculated to bear the journey. It is probable that instructions will shortly be issued by the Local Government Board to the medical officers of workhouses upon this subject; but it is suggested that all persons whom it may be proposed to send to the asylums should be seen before their departure by the Visiting Committee. We think that some provision should be made for the presence of the medical officer at their interviews, and that the signature of the chairman of the Visiting Committee should form an essential part of the order of removal. It might also be desirable that the nearest relative should be summoned to state any objections that may be made to the removal. This would be secured by requiring an addition to the form stating the name and residence of the nearest relative, and whether present or not at the inquiry.

SICKNESS AND PAUPERISM.

The intimate relation between sickness and pauperism and the cost of sickness are well illustrated by the present state of Liverpool as compared with that of last year. There is no evidence that the town is more flourishing, or that there is any great difference in the demand for labour. 1st. The average number of patients in the workhouse hospital was 766; during the corresponding period of last year, 1554, or more than double. 2nd. The average number of inmates of the workhouse for the same period was, in 1871, 3627; in 1872, 2593. 3rd. The average excess of sick in the workhouse was therefore 788; the average excess of inmates, 1034. A large number of healthy persons were clearly obliged to go into the workhouse with their sick relatives. 4th. The average number of sick in charge of the district medical officers was, in 1871, 2122; and in 1872, 1445. The average number of fresh orders for medical relief in 1871 was 550; and in 1872, 243. 5th. The average number of out-door paupers for the same periods was, in 1871, 10,446; and in 1872, only 7780. The average number of able-bodied in the stone-yard was, in 1871, 164; and in 1872, 81. 6th. There are therefore 2666 fewer out-door paupers in Liverpool this year than last. Deducting the excess of able-bodied labourers relieved last year (83), and the excess of sick (766), making a total of 849, there still remains an excess of 1817 paupers in 1871 whose destitution was due to the sickness of their relatives, that sickness being in excess of the present year. 7th. The cost of in-door maintenance was £2769 in 1871, and £1718 in 1872; showing that the extra sickness in the workhouse caused an extra outlay of £1051 in one month. 8th. The cost of out-door relief was, in 1871, £2413 for the month; and in 1872, £1894; showing a difference of £519. As the whole excess of relief to able-bodied men in the stone-yard was less than £15, it is certain that the extra relief caused by sickness in 1871 could not have been less than £120 a week. These, however, are by no means the only sources of extra expenditure caused by preventable disease. We have no record of the expense of extra medical officers, nurses, and attendants, and no account of the cost of providing and repairing buildings.

MUNIFICENT AND WISE CHARITY.

Mr. Barnes, of Oakley, near Manchester, has left the whole of his large residual estate for the foundation of a "Samaritan Charity" for the relief, at their own homes, of persons suffering from severe bodily or incurable diseases. The trust expressly stipulates that no part of the money shall be devoted to the purchase of land or buildings, or the erection of buildings of any sort. No person is to have more than £20 per annum from the fund.

It is satisfactory to see that for once at least the "home" is put in the right place, and that a practical protest has been made against the rotten system of dealing with hu-

manity wholesale. We have huge hospitals, orphanages, all of which tend to destroy home ties, whilst little or nothing is done to maintain those sacred relationships which alone find expression in the "home." It is to be hoped that this noble example will not be lost on the benevolent.

Canterbury.—It is satisfactory to record a considerable diminution of mortality in Canterbury, and it may be observed that there has been less mortality during the last three years than in the three years immediately preceding them; a result in some measure due to the plentiful and constant supply of excellent water throughout the city, as well as to the new system of drainage, which, although not yet made fully available to every householder, has rendered the subsoil much less retentive of moisture and reduced in consequence the number of persons afflicted with rheumatic and consumptive diseases, particularly amongst adults, as is exemplified not only in the diminished number of patients who apply at the dispensary with such afflictions, but in the diminished death-rate from these diseases as recorded in the bills of mortality. It must not, however, be imagined that all, or nearly all, has been accomplished by the ruling authorities or by individual citizens for the preservation of their health and prolongation of their lives; there will yet remain many removable sources of disease, foremost amongst which may be noticed the discreditable state of the cottages, many of which are totally unfit for human habitations.

Cork.—The annual report of the Cork Fever Hospital was presented to the annual meeting of governors held last week. The admissions were 963. Fever steadily increased from the commencement of the year until September. The death-rate was only 8 per cent. No case is set down as typhus unless the characteristic rash and symptoms are present. The mortality from typhoid was 15·7 per cent., due chiefly to complications. There was no relapsing fever in Cork last year. Only 9 cases of small-pox were admitted in the year 1871. There have been since admitted upwards of 60 cases, of whom 11 died. The hospital is suffering from want of funds, and we are glad to find that the proposal to institute a Hospital Sunday in Cork was favourably received, and a committee was appointed to carry out the object.

Hull.—Mr. Gibson has been elected Poor-law district medical officer in the place of Mr. Day, resigned. After considerable discussion it was resolved to grant the latter a superannuation allowance of £25 a year.

Jersey.—In consequence of an outbreak of small-pox at Jersey, a Bill was introduced into the States on Thursday, Feb. 29th, "to render vaccination compulsory." After some discussion the debate was adjourned for a fortnight.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1872.

THE General Medical Council commenced its session on Thursday, at the offices of the Council, Soho-square. Dr. Paget presided. The members were the same as last year, with the exception of Mr. E. Bradford, who took his seat as the representative of the Apothecaries' Society in the room of Mr. Cooper.

The President, in opening the proceedings, said he was sorry to have to call the Council together at such a season of the year; but this had been done in accordance with an order made by the Council on the 10th July last, to the effect that the meeting should be held early in 1872, to receive the proposals of the bodies for joint examinations, and to consider whether any and what steps should be taken to carry out the resolutions of the Council in favour of such combinations. The question had on several occasions come before the Council. In 1868 an important and influential Committee was appointed, consisting of Mr. Syme (chairman), Mr. Cæsar Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. Allen Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Sharpey, Dr. Parkes, Dr. Christison, and Dr. Stokes, who reported to the Council in favour of the principle of conjoint examinations. In Feb. 1870 the Council itself resolved that it was of opinion that a conjoint examining board should be formed in each of the three divisions of the kingdom, and that every person desiring to be registered under any of the qualifications recognised in Schedule A to the Medical Act should be required, previously to such registration, to appear before one of such boards, and be examined on all the subjects which might be deemed advisable by the Medical Council, the rights and privileges of the universities and corporations being left in all other respects the same as at present. That was followed by another resolution requesting the universities and medical corporations in each division of the kingdom to prepare a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belonged, and, on or before June, 1870, transmit such scheme to the consideration of the General Medical Council. If those resolutions had been carried out, the Council would in June, 1870, have had before it the very task which it had now to undertake. But they all knew why that was not done. In 1870, subsequently to the February meeting, the Government introduced a Bill for amending the Medical Act. In that Bill it was proposed to make it compulsory upon the universities and medical corporations to adopt a scheme for conjoint examinations. The Bill was approved by the Council, but it did not pass through Parliament; so that the Medical Council had no power to compel the licensing bodies, or impose upon them any course whatever, which they might have done under the Bill. The only power which they now had was that given them under the 19th Section of the Medical Act, which empowered any two or more of the colleges or bodies to unite or co-operate in the conducting of examinations. At the last meeting of the Council a resolution was passed requesting the licensing bodies to undertake the formation of conjoint boards, and to communicate with the Council on the subject before the close of the year. Answers had been received from nearly all those bodies. It would be observed that the wish of the Council was to remove the evil which had been perpetuated in the Act of 1858, which required the registration of every person possessing a diploma either in surgery or medicine only.

After the appointment of the usual committees, replies from the various licensing bodies to the requisitions of the Council with reference to conjoint examining boards were read and ordered to be entered on the minutes. A motion was then proposed by Dr. Bennett approving of the conjoint scheme of the College of Physicians and the College of Surgeons; to which an amendment was proposed by Dr. A. Thomson that further exertions should be made to include all the licensing bodies in the scheme. The debate on this subject (of which a detailed report will be given in our next) was not concluded when the Council adjourned.

SIR ROBERT CHRISTISON'S JUBILEE.

ON Friday, the 23rd ult., the fiftieth anniversary of his induction as a professor in the University of Edinburgh, Sir Robert Christison was entertained at a public banquet by his friends and fellow-citizens. At an earlier period of the day, the University company of volunteers, of which Sir Robert has been captain since 1861, presented him with a richly ornamented sword, through their spokesman, Professor Turner. Sir Robert replied in spirited terms, and made some pointed remarks on the value of physical exercise to the student and the professional man. From the quadrangle, where the presentation took place, Sir Robert passed, at 2 P.M., to the College Library, where a deputation of the Edinburgh University Club of London awaited him. Dr. Dyce Duckworth, in the name of the club and its committee, then presented Sir Robert with an address, beautifully engrossed on vellum, signed by the Duke of Argyll, the president, by the vice-presidents, and other office-bearers, expressive of the admiration in which Sir Robert is held by the profession in London, and the gratitude entertained towards him by his many old pupils in the metropolis and the country at large. Again Sir Robert

made an effective acknowledgment, and expressed his conviction that he did not know a happier life a man could lead who lives long enough to enjoy the respect of his students than that of a professor in the University of Edinburgh. In the evening the banquet took place, the chair being filled by the Right Hon. John Inglis, Lord Justice-General of Scotland and Chancellor of the University; the croupiers being Sir W. Stirling-Maxwell (Lord Rector), Sir Alexander Grant (Principal), Dr. Paterson (President of the Royal College of Physicians of Edinburgh), Dr. Walker (President of the Royal College of Surgeons), and Dr. Fleming (President of the Faculty of Physicians and Surgeons of Glasgow. The company included over two hundred and fifty gentlemen, mainly of the medical profession, from many parts of the country, England and Ireland as well as Scotland, while numerous apologies were received conveying regrets for inability to be present, and gratification at the honour to be paid to the guest of the evening. The chairman gave the toast "Sir Robert Christison" in language characteristically eloquent and refined, and dwelt with much generosity of feeling and felicity of phrase on the various episodes of a career unsurpassed for academic, professorial, and professional usefulness. Remarking on the intrepid spirit which Sir Robert carried into experimental investigation, the Lord Justice-General stated that on one occasion Sir Robert took a dose of Calabar bean before going to bed, and found that it acted a good deal like opium. He had a good sleep, and felt very comfortable next morning and rather disappointed at the result; so he took a considerably larger dose before he dressed himself. Ere he had concluded dressing the doctor felt satisfied that he had got hold of a very energetic poison, for the truth was that he had collapsed, and no one could tell what the consequences might have been if he had not swallowed his shaving-water as an emetic. He became partially relieved, but still the symptoms were very alarming, so he rang for his son and asked him to send for two medical men, by which time he had regained his strength and confidence. The Lord Justice-General proceeded to refer to Sir Robert's signal services to his University, to his native city, and to the cause of medicine as a whole, concluding with a brilliant roll-call of the honours which had descended on the head of the doctor throughout his long life. The toast was then drunk with enthusiasm, the entire company rising to their feet. The reply of Sir Robert was conceived in admirable taste, and expressed in language academic in its simplicity and elegance of form. The most characteristic passages were those in which he dwelt on his beloved University wherein so much of his solicitude had centred. He had shaken hands with one hundred and five professors; he had seen nine new professorships added; and he had seen, above all, the admirable change that had taken place in the constitution of the University in consequence of which it was left to govern itself—a change which they owed entirely to the influence and the labours of the learned judge (the Lord Justice Clerk), who was now on his right hand, and carried through afterwards in his office of Lord Advocate by the Lord Justice-General. Referring to the increasing prosperity of the University, he stated that, within the last twelve years, it had received in endowments, scholarships, and prizes, a capital of £100,000: a sum which will, we doubt not, be enhanced as fresh pupils rise to eminence and remember their *alma mater* with gratitude. Sir Robert concluded with a domestic touch which "crowned the edifice" of his stately and academic speech. Curiously enough, this, the 23rd day of February, was also the birthday of a little boy who was likely to be destined to be his successor in the honour conferred upon him. His eldest son was an officer in India, whose eldest boy was now two years old. For himself and his family now present, and for the eldest boy, he begged to return his most sincere thanks." The evening was protracted far into the night, and its proceedings were brightened and enlivened by a series of appropriate toasts, effectively conveyed and neatly acknowledged, as well as by a finely composed choir. Rarely has Edinburgh witnessed, from first to last, a more genial and honourable day. Rarely has her *alma mater* come forth with greater alacrity to acknowledge the services of a son whose memory she will cherish, as in the Virgilian line—

"Semper honos, nomenque tuum, laudesque manebunt."

SCURVY.

A PARLIAMENTARY paper with this heading that has recently been issued contains selected copies of correspondence received at the Board of Trade respecting this disease, and also the results of some of the official inquiries that have taken place since the early part of 1867—i.e., nine months before the Duke of Richmond's Act came into operation. Nominal lists of the annual entries on board the *Dreadnought* on account of this disease are also included in the return, but the chief facts included in the correspondence relate to the frequency and continued prevalence of scurvy in vessels trading to the port of Aden. Surgeon-Major Turner, superintendent of the medical department of the Aden field force, contributes some brief but conclusive observations, all tending to prove that the lime-juice (as used prior to 1868) was frequently adulterated, and the provisions very inferior. A long letter from Mr. Thomas, formerly agent to the Peninsular and Oriental Company at Aden, is inserted, to show that there is now a good and all-sufficient supply of condensed water at the port; and Mr. Henderson at Callao, in conjunction with Dr. Thomas A. Roe, the medical officer, has recorded many valuable particulars relating to the disease as it has appeared among the crews of vessels arriving at Callao from Aden. The conclusions arrived at in the first part of the report intensify the importance of instituting a systematic inquiry as to the scale and quantity of rations, the quantity of water, the quarters of the crew, and all other hygienic arrangements existing on board all traders from the United Kingdom to Aden; for this port is, beyond all others frequented by British vessels, particularly ill-provided with vegetable food of any description. Hence, as a matter of course, the quality of the meat is inferior, and on these accounts it is by no means a surprising fact that scurvy exists now chiefly in ships that proceed from England to Aden with coal, and thence to Callao or other ports on the coast of South America.

The second division of this Blue-book contains the results of ten official inquiries instituted by order of the Board of Trade between April, 1867, and June, 1871. (It is to be remarked, however, that these are "selected" reports, and do not comprise the entire number of inquiries instituted within this period.) Ten of these investigations took place in the port of London, and were conducted by Dr. Dickson, R.N., and Mr. Harry Leach. Six occurred at Callao, and are reported on by Dr. Roe, consular medical officer, and Dr. Dann. Two reports were sent by Dr. Burke, health officer at Ascension, and one from Liverpool by Dr. Holcombe, chief emigration officer at that part. These are fitly headed by an account of a most severe outbreak of scurvy which occurred on board the whaling ship *Diana*, of Hull, and we are here reminded of the "truly brave and devoted conduct" of Mr. Charles Edward Smith, surgeon to the vessel, which conduct, as our readers will probably remember, received substantial recognition from the President of the Board of Trade.

In summarising the evidence furnished by these reports, it would appear that prior to 1868 the bad quality of the lime-juice, or its irregular distribution, had much to do with the presence of the disease, and that, subsequent to this date, the latter condition is frequently recorded, constituting a distinct breach of the Merchant Shipping Act. Bad quality or insufficient quantity of provisions, absence of vegetables, and bad accommodation, are all set forth in one or other of the reports; but there is evidence that, in all these matters, a general improvement has lately taken place. We have already indicated the progressive diminution of the disease, as evinced by the statistics of the Seamen's Hospital. But this series of official reports seems to point to three items of reform that are still required in the mercantile marine before we can expect to keep scurvy out of our sea-going ships. 1. Healthy men only should be taken. 2. The old salt meat scale should be changed to a very much greater extent for one of varied food. 3. Crews should be quartered, as far as possible, in deckhouses, and lower forecastles should be utterly abolished in all ocean-going ships. These reforms can be made by ship-

owners without any legislative interference, and it is their interest to make them. Training ships, and a medical inspection (at the rate of 2s. per man), a varied, cheaper, and far more antiscorbutic scale of diet than that which at present obtains, and action in accordance with the third recommendation, would make the publication of such a report as this an event of rare occurrence, and the lime-juice clauses of the Merchant Shipping Act unnecessary.

Correspondence.

"Audi alteram partem."

MEDICAL EXAMINATIONS AND CONJOINT BOARDS.

To the Editor of THE LANCET.

SIR,—Will you allow me space for a few remarks in my own name, illustrative of the document which you were kind enough to publish last week, as intended for the consideration of the Medical Council?

At the banquet on Friday in honour of Sir Robert Christison there were several noteworthy things said which do not appear in any of the reports of the proceedings that I have seen. I will endeavour briefly to indicate some of these in so far as they bear upon the subject in question.

Sir William Thomson, president of the British Association of Science, in replying to the toast of "Science," proposed by the Lord Justice Clerk, intimated, not obscurely, that the multiplication of examinations as tests of proficiency was becoming an obstruction to true scientific progress. With a simplicity and earnestness of manner in accordance with his character, he said that if this system goes on much longer the result will inevitably be that through examinations in science there will be no "science" left amongst us worthy of the name or of being proposed as a toast. Sir William Thomson sees clearly that the culture of science, which is the proper aim of the universities and the real interest of the country, requires, not uniformity, but variety; not a fixed minimum standard, but an indefinitely high standard, to be held in view, and worked up to, by every teacher and every learner.

Dr. Acland, of Oxford, also insisted very strongly on the evils of over-much examination in relation to professional and scientific pursuits. The object of the universities, he said, was not to cram men with knowledge, but to form character; and in proportion as they aimed at this latter object would they distrust the effect of examinations as affording a real test of efficiency. It should not be forgotten, he said, that for one or two incompetent men rejected (which was all that a pass examination could do on behalf of the public), an examination founded on a system of cram tended, by its indirect effect on the studies pursued, to dwarf the energies of a score of more or less competent men, and thus really to discourage independence, and to defeat the true object of all high education. Dr. Acland said that under a highly developed system of examination a man like Sir Robert Christison might have been wholly occupied during some of the best years of his life in getting his knowledge tested, instead of in applying his whole energies to original and independent research, and thus devoting his character and life to the service of his country.

In the case of the two eminent men now referred to, it is just possible that I may have in some point misapprehended or imperfectly indicated what was said; and if so, I beg to apologise in advance, as I am obliged to trust to my own recollection. But in the case of Sir Robert Christison there need be no doubt, as the gist of his utterances upon the subject was to approve *in toto* of what has recently been spoken and written by Dr. Lyon Playfair, which Sir Robert advised his audience to read carefully as being by far the best and most exhaustive discussion of the relations of examination to teaching with which he was acquainted.

From these varied, but at the same time similar, utterances of men in very different spheres of public duty I gathered that among those who have had the best opportunities of judging of the effect of examinations, there is a deeply-rooted distrust of their practical working, at least upon the principle of detecting and excluding inefficiency by establishing what is presumed to be a fixed minimum of qualification. I presume that none of these great authorities would have altogether discountenanced examinations in their own proper place—i.e., as adjuncts to a good system of teaching; but when divorced from this, and especially when converted into a routine by being made simply a police regulation to get rid of incompetent men (as is now proposed), medical examinations will be sure to degenerate, and the higher education will be discouraged in proportion as the energies of our students are diverted from solid and thoughtful progress in the schools by the supposed necessity of mastering the formulæ to be propounded to them at the end of their career by the "Conjoint Boards."

I do not advocate the present system as free from certain easily-stated objections; but the objections to the supposed laxity of certain examining boards seem to be less than those which might be urged against perilling the whole scheme of the higher education by holding out to our students that a perfect qualification for all practical purposes is attainable through a sort of registered minimum of efficiency; just as herrings are crowded in barrels on the east coast of Scotland when considered just good enough for exportation, according to the samples examined by the official inspectors.

The true plan for securing, as far as may be, the efficiency of the various examining boards would appear to be, not to deprive them of responsibility, but to place them in the performance of their public functions under the eye of vigilant public officers, charged to report from time to time as to the performance of these functions. Thus the evil-doers (if such there be) would be corrected and restrained, while the liberty of efficient teachers and examiners would be respected. Variety of method and result would, under such circumstances, be a positive gain to the public, inasmuch as no absolute routine of drill for the medical practitioner of the future could then become imperative, and it would become the object of all competent examiners and teachers to raise, through such variety, the general standard of acquirement.

I am, Sir, your obedient servant,

Glasgow, February 26th, 1872. W. T. GAIRDNER.

THE RICHMOND HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your medical annotations of this day's LANCET, you refer to a want of harmony in the Richmond Hospital. No one regrets this more than I do, still I should not have troubled you with any remarks on the subject only that I see from your article that you are not in full possession of the facts. You attribute this want of harmony "chiefly to a resolution on the part of the Committee to add to the four officers of the medical staff three others to attend to the out-patients."

The hospital has at the present time 15 beds; about 150 in-patients and 1000 out-patients attend during the year.

The medical staff numbers already seven officers, and if the proposition of the committee be sanctioned by the governors, two more will be added, to attend solely on the out-patients, making a total of nine on the staff. The rules of the hospital were most carefully compiled from the rules of other successful hospitals, by a sub-committee consisting of lay and medical members, and Rules 33 and 34 provide that four shall be the number of the staff, notwithstanding that eight were appointed in the first place. This was done because each had an equal right to the office, and it was considered best there should be no election at that time, but that this number should be allowed gradually to reduce itself to four, which was found to be amply sufficient for hospitals up to 50 beds. The number of eight was therefore distinctly declared to be exceptional and temporary, and one of the eight has lately retired. I am glad to see that you endorse this opinion when you say: "We confess that, viewed abstractedly, four medical officers seem to us sufficient for an infirmary with but 15 beds and 120 out-patients in the week, especially as there is in Richmond an excellent

dispensary doing the usual out-door work of a hospital"; and I am sure that most persons who are acquainted with hospital management will agree with you and with me upon this question.

My resignation of the honorary secretaryship arose from the determination of the committee to recommend the increase of the medical staff from seven to nine, which I knew to be a course totally opposed to the practice of other hospitals, as well as to the rules of our own, and I did not wish to have the responsibility of carrying out a plan which I felt would be detrimental to the hospital.

I believe there are many reasons why a disproportionately large staff is not an advantage to a hospital; for instance, it very much increases the difficulties of nursing, and cannot materially conduce to the advancement of professional knowledge. I need hardly say that if a hospital is to succeed medically and surgically, which is the only true measure of success, each officer should have a sufficient number of beds to keep alive an interest in his work. Again, the severance of the in- and out-patient departments in so small a hospital would be an evil; it cannot be expected that two men would be willing to undertake the whole of the out-patient work without the smallest probability of having any beds at their disposal for many years to come, besides being obliged to hand over the most serious cases amongst the out-patients to the seven men who would retain the fifteen beds. My wish has been that the services of my colleagues should be retained. I regret that five of them decline to see the out-patients, and I was in hopes that my offer to continue seeing them two days a week, with the help of the sixth, leaving the other two days to the joint efforts of the five, would have solved the difficulty and obviated the wish for an increase of the staff.

Your remarks lead me to suppose that you cannot have seen my letter of resignation addressed to the governors, as you say—"We feel persuaded that Dr. Warwick will see, on reflection, that this letter betrays more solicitude for 'the establishment' than for the charity." From what I have now stated I think you will admit your conclusion to have been somewhat premature. The more I reflect on the matter the more I am convinced that four honorary medical officers, with a resident house-surgeon to act as secretary, would efficiently supply the whole service of the Richmond Infirmary until it becomes greatly enlarged; and that the endeavour to maintain what is defined in the rules as "the establishment" will be the most direct means of maintaining the best interests of the charity.

I beg to enclose you a copy of my letter resigning the honorary secretaryship.

I am, Sir, your obedient servant,

Richmond, S.W., February 24th, 1872. R. ARCHER WARWICK.

SUBSTITUTE FOR THE OPHTHALMOSCOPIC MIRROR.

To the Editor of THE LANCET.

SIR,—The ophthalmoscope having come into general use in medicine, it may save considerable embarrassment in choosing from among the vast variety of instruments offered to point out that we all possess one already in our watch-pockets—viz., a watch-glass.

Any transparent reflecting body is an ophthalmoscope, and, with the ordinary lamp, quite enough light is returned from the concavity of a watch-glass to display all the details of the fund of the eye. It is used in the same manner as the mirror, but possesses this advantage, that (in viewing the inverted image) it may be held at any convenient distance from the observer's eye, so long as he looks through it. Therefore, if more light be desired, the watch-glass may be approximated to the patient's eye till all its reflection is concentrated on his pupil. Atropine is not required except in special cases, as there is no glare to provoke contraction of the pupil.

Any watch-glass will do provided the glass be (as it is in almost all of them) equally thick throughout, so as not to distort the image seen through it. Improved forms will, of course, at once occur to the reader—e.g., with a central convexity to enlarge the image or concavity to correct myopia; but to discuss these would be foreign to my purpose, which is merely to point out the use of what we have already got; the employment of which, I may add, was suggested to me by the reports of some of Mr. Carter's admirable experiments.

I am, Sir, your obedient servant,

Heywood, Feb. 19th, 1872. J. S. TORROP, M.D.

THE NEW SANITARY BILL.

To the Editor of THE LANCET.

SIR,—Will you allow me to suggest to the local secretaries to at once call a meeting of all union medical officers in each county town, so that the Sanitary Bill may receive consideration and support. The guardians in Worcestershire are already contemplating a meeting, and there is no doubt the Bill will receive active opposition in very many quarters.—I am, Sir, your obedient servant,

WM. WOODWARD, M.D.,
Member of the Union Medical Officers' Association.

Worcester, Feb. 24th, 1872.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE small-pox epidemic is abating. The returns of reported cases show that during the week ending Feb. 10th there were 66 cases, while in that ending Jan. 13th there were 96; and, owing to the mildness of the season, the deaths from other causes have been so few as to reduce the death-rate to 21. In Wolverhampton a very marked diminution of the small-pox is evident: only 6 deaths were recorded from that disease during the past week.

A memorial, signed by nearly all the leading physicians and surgeons, has been presented to the Corporation, asking for the appointment of a Medical Officer of Health. It is to be hoped that the Corporation will not oppose the prayer of so disinterested and public-spirited a body of men, but will be guided by the wise counsels of those who endeavour to prove to them that "salus populi, suprema lex."

A public park has recently been offered to the town by Miss Ryland, a generous lady, who has before on many occasions nobly supported the cause of the various charities, and to whom the "sanatorium" has up to the present time been indebted for "a local habitation." The estate, which is fifty-four acres in extent, and is situate within two miles of the centre of the borough, is valued at £30,000, and its benevolent donor has further expressed her intention of spending £5000 in laying it out as a public park.

A town's meeting has been held for the purpose of authorising the Town Council to apply to Parliament for an Act to make further provision for the improvement of the sanitary state of the borough. The scheme may briefly be said to do away with the open-midden system; to intercept fæcal matters so as to dispose of them without letting them enter the sewers; to discourage the use of waterclosets by rating each one annually at 10s.; and to purify the sewage of the town by filtering it through land which the Council is to be empowered to acquire. The resolution in favour of the Bill was supported by Dr. Heslop in a powerful and argumentative speech, and carried with only three dissentients.

The recently erected out-patient department of the Children's Hospital has, owing to the deserved popularity of that institution, already proved too small for the largely increasing number of applicants, and a committee has been appointed to extend the present building in accordance with plans which have been approved by the medical committee.

The annual meeting of the governors of the Birmingham and Midland Counties Training Institution for Nurses has been held under the presidency of Lord Leigh. The report showed that the institution had been enabled to officer the Children's Hospital entirely, and the General and Queen's Hospitals in part, and also to spare some few nurses for the Midland Asylum for Idiots; 110 private families had also been supplied with nurses. The total expenditure had been £1282, and the income, £905. Large additional donations were announced, which will, we hope, relieve this useful institution from any financial embarrassment, and enable it to extend its sphere of usefulness.

At the last meeting of the Midland Medical Society, Mr. West presented the parts removed from a man aged forty-five, who had stricture of the urethra, showing the pathological results of that disease on the bladder, which was sacculated and enormously hypertrophied in its muscular tissue; on the ureters, which resembled coils of small intestine; and on the kidneys, which were full of abscesses, and the pelves of which were greatly distended with pus. Mr. Lawson Tait displayed some photographs of rare surgical cases; and Dr. Underhill showed a stomach which was the seat of a gastric ulcer as large as a half-crown, the cause of death being hæmorrhage from the pancreatic artery which had been opened by the ulcer in its progress. Mr. Furneaux Jordan then read a paper on some interesting surgical cases which he has recently had under treatment. An animated debate ensued, but the discussion of the more important cases of excision of the tongue by a modification of Macleod's method, on resection of the hip, and on the treatment of fistula in ano, was obliged to be postponed until the next meeting of the Society.

Mr. Pemberton, after removing a uric-acid calculus weighing 56 grains from a boy aged fourteen, by the median operation, informed the students of the General Hospital that he preferred median to lateral lithotomy for children, and that his last twenty-two lithotomies in young subjects had been done in this way, and had all proved successful. At the Queen's Hospital the lateral operation is the most frequently adopted; seven lithotomies have been done successfully during the last three months in this manner. The incision in the prostate is generally very limited in extent, but by slow and gradual expansion of the parts, very large calculi have been removed, in one case the stone weighing 905 grains.

Many important operations have been performed at the various hospitals during the present session, but my account of them must be deferred till my next letter, owing to the demand I have already made on THE LANCET'S valuable space.

Birmingham, Feb. 21st, 1872.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

As the new Southern Hospital approaches completion, vigorous efforts are being made to raise a fund sufficient to pay off the heavy sum which the committee have incurred in its erection. It is proposed to make the public opening of the Sefton-park in Whitsun week the occasion for holding a fancy fair in aid of the building fund of the hospital. The large sum of £13,000 is still wanted. From the hearty manner in which all classes of the community are entering into the proposed fair, favoured as it is by the greater commercial prosperity which has prevailed lately, it is expected that the above amount will be realised.

In this town the Hospital Sunday movement has met with decided success. A sum of £8000 has been obtained this year. The collections at some of the churches and chapels were very large. At one chapel (Unitarian), £500, at another (Baptist) between £300 and £400, and at two or three Established churches sums nearly as large were collected. The committee for managing the fund have not yet divided it. There are eight medical charities to share it, and there seems some difficulty in apportioning it. The plan followed last year did not give satisfaction to all. It was felt that some of the charities, if judged by the amount of work they had effected, had not received the proportion due to them. It is a difficult and delicate task which the committee have before them, and their decision, whatever it may be, will not please all the committees interested.

The Medical Institution, at its annual meeting held a few weeks ago, elected Dr. Cameron as its president. The appointment is held for two years, and the retiring president is not re-eligible. The meetings of the society have been mainly interesting this session through the greater number of pathological specimens exhibited.

It has been stated that a Public Analyst has been appointed at a fixed salary of £200 per annum. This is not the case, but the Town Council have agreed to the recommendation of the Health Committee, and consented to try the scheme for twelve months of employing an analytical chemist whenever occasion arises, or when the medical officer suggests it, and paying him for every analysis separately.

There have been some very interesting cases of skin-grafting at the different hospitals during the last few months, and though the results have seldom made it clear that any of the engrafted skin retained its vitality, yet a feeling seems to have arisen in the minds of some of those who have tried the plan that, though the transplanted tissue apparently shrivels and dies, yet that it somehow effects an alteration in the ulcer, perhaps by supplying the germs from which healthy tissue may spring; the result at any rate is, that the ulcer, in a goodly number of instances, seems to heal at a more rapid rate.

Liverpool, Feb. 21st, 1872.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

SINCE my last communication the health of Manchester has been exceptionally good for the season of the year. Small-pox and fevers have notably decreased until within the last week or two, when there was a slight increase in the number of small-pox cases, especially in Salford. The only epidemic of any note has been whooping-cough, which has been remarkably fatal lately; for whereas in the Sanitary Association returns for the week the mortality from this cause was 43, in the corresponding week of last year it was only 3.

At the last meeting of our Medical Society Mr. Galt, the new president, occupied the chair for the first time; there was a full attendance of members, and the proceedings were of considerable interest. Dr. Simpson showed a boy with dilated heart, in whom a very distinct mitral constrictive, and a rather doubtful tricuspid regurgitant murmur could be heard; he also showed a tumour of the brain, and related some interesting particulars regarding the case. Dr. Haddon mentioned a case of albuminuria which had recently been under his care, in which the urine, after testing with heat and nitric acid, yielded no evidence of the presence of albumen at the time, but became turbid on standing a few hours. This turbidity, Dr. Haddon found, was albumen, and he asked some of the members to inform him why its presence was not manifested at the time of testing; but as none of the members seemed inclined to grant the desired information the subject dropped. Dr. Lloyd Roberts showed a very compact uterine inspection case, made for him by Messrs. Wood, of King-street. It contained every requisite for gynæcological exploration in a remarkably portable form. Mr. Bradley showed a young woman who exemplified in a striking manner that somewhat rare affection, bilateral asymmetry, of which he stated only two cases were recorded—viz., one by M. Broca, and the other by Dr. Humphry, of Cambridge. Some very interesting details, personal and relative, were elicited from several members during the animated discussion which followed. Dr. Hardie showed two very interesting cases: one was that of a child brought forward to show the mode in which acquired talipes is produced; the other showed the successful result of antiseptic treatment. Dr. Hardie also showed some very useful preparation jars made by Mottershead. Dr. Lloyd Roberts exhibited a number of inflated ovarian cysts which had been removed by abdominal section. They were beautifully prepared and varnished, and in the largest of them the blood in the veins was remarkably well shown.

There were no operations at the infirmary yesterday. There is at present under the care of Mr. Southam a very interesting case of compound dislocation of the knee; also an interesting case of excision of the knee under the care of Mr. Lund, who pursues the antiseptic system with unabated vigour.

At St. Mary's Hospital there have been two cases of ovariotomy by Dr. Lloyd Roberts lately: one died on the tenth day after operation; the other is rapidly recovering. Mr. Whitehead removed yesterday a large tumour of the

breast. As a rule, Mr. Whitehead treats his operation cases by the antiseptic method.

At the Eye Hospital to-day, Dr. Little had a number of operations of interest—viz., iridectomy, and several operations for convergent strabismus.

Manchester, Feb. 17th, 1872.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

THE annual meeting of the members of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland was held on the 7th inst. The chair having been taken by Dr. T. H. Purdon, the permanent president, the proceedings of the last annual meeting were read and confirmed. Reference having been made to the deaths of three regular contributors to this branch since last year—namely, Drs. McWilliam, Malcolmson, and McHay,—a sincere expression of the regret of the meeting at their removal was recorded by those present.

The deaths from small-pox in Dublin during the week ending the 10th inst. were 47, and 45 in the week preceding. In Belfast, 12 deaths only took place, and a similar number in Cork for the same period. As a remarkable proof of the protective nature of revaccination, I may mention that out of twelve nurses in attendance at Sir Patrick Dun's Hospital in this city, only one took small-pox, and she alone of the number had not been revaccinated.

At a recent meeting of the Pathological Society, Dr. Foot exhibited some drawings illustrative of intestinal ulceration in two cases of enteric fever. In one patient, a girl aged seventeen, who died in the fifth week, there were seventeen ulcers in the ileum. She had only two spots of eruption; the diarrhœa was moderate; there was neither hæmorrhage, tympanites, pain, nor tenderness. The heat as taken by the thermometer was very high (above 105°), and no fall took place in the morning temperature. The other case was also a female, aged about twenty, and she had no eruption whatsoever, nor any hæmorrhage or pain; but on post-mortem examination there were found several intestinal ulcers, the ileo-cæcal valve being a mass of ulceration, and some were even present in the vermiform appendix.

The Athy Town Commissioners lately entertained their late chairman, Dr. Kynsey, J.P., who had filled the office for two successive years, at a public dinner, as an appreciative mark of their esteem for his services. A large number of invitations were issued, and the proceedings terminated in a most satisfactory manner.

A portion of the collection to be made at the Thanksgiving Service at St. Patrick's Cathedral this day, will be allocated to the support of the Cork-street Fever Hospital. The object is a very appropriate one, the institution being devoted to the treatment of diseases of the same class as that from which the Prince of Wales has now recovered.

The late Surgeon Carmichael, of this city, having bequeathed to the College of Surgeons a sum of money for the purpose of founding prizes upon certain subjects relating to medical study, the President and Council of that body have signified their intention next year to adjudge a prize of £200 for the best essay, and a prize of £100 for the next best, that may be presented to them in accordance with the instructions prescribed by Mr. Carmichael.

From the report of the Registrar-General for Ireland for last year I learn that the births registered in Dublin during that period amounted to 8860, being equal to a ratio of 1 in 35, or 29 per 1000 of the population; and the number of registered deaths to 8144, or 26 in every 1000. The principal causes of death were as follows:—Bronchitis, 1203 deaths; phthisis, 977; convulsions, 554; fever, 398; scarlatina, 253; heart disease, 303; diarrhœa, 252; whooping-cough, 212; small-pox, 207; pneumonia, 192; hydrocephalus, 178; liver disease, 159; cancer, 142; paralysis, 133; mesenteric disease, 128; apoplexy, 127; kidney affections, 112; croup, 95; cephalitis, 60; epilepsy, 32; measles, 26; diphtheria, 22. 183 deaths resulted from violent causes: 161 were accidental, 10 homicidal, and 12 suicidal.

Dublin, Feb. 27th, 1872.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

M. NAQUET's scheme of reform, to which I alluded in one of my preceding letters—and which, by the way, has not at all satisfied the medical circles here—has been sent before the special committee by one of the committees of "initiative" in the National Assembly, as being worthy of being considered. A third committee had been named with the object of inquiring into, and drawing up a report on, the various Bills for the repression of drunkenness which have been proposed to the Chamber. The committee has just sent in its report, in which it forcibly expresses the opinion that it is both advisable and highly legitimate to establish a code of laws by which drunkenness, one of the scourges of society, may be punished and repressed. It is very probable that stringent measures will be adopted by the Chamber. I may just mention that the committee, in investigating this subject, and in forming an opinion thereupon, has drawn largely, and indeed almost entirely, from the remarkable memoir which Dr. Theophile Roussel (one of the "representatives") had addressed to the House.

The medical men of France have shown a most patriotic spirit from the beginning of the war, by the zeal and devotion with which they offered voluntary service in the ambulances and hospitals. They are now giving fresh proof of the same spirit by the way in which they have taken to heart and are contributing to the success of the "Patriotic Subscription for the Liberation of the Country," which, as you are aware, has recently been started by the women of Alsace and Lorraine. At the same time, the Council of Administration of the Academy of Medicine and the *réunion* of Parisian medical journalists were busy at work considering the best way in which the medical circles of Paris might be invited to contribute to the subscription. It was a question whether the Academy should not officially take the working of the subscription into its own hands, and open a list within its own precincts, whither the medical men of Paris might carry their subscriptions. But this plan has been discarded, and it has been considered better to allow each member of the profession to subscribe in his own quarter of the town, and through his example and impetus exert proper influence among his neighbours and patients. A committee of ladies, wives of medical men, had also been formed with the object of going about the profession receiving subscriptions, &c.

Dr. Goupil, formerly known as a specialist for the analysis of urine and the cure of urinary diseases, has just been condemned by the Council of War sitting at Versailles to two years' imprisonment, for the part which he took in the insurrectionary movement of the 31st October, 1870, and for having been a member of the Commune.

The Emperor of Brazil's first visit on arriving at Montpellier, on his way to Marseilles and Spain, was to the Faculty of Medicine of that city. He was received by the dean and the professors.

On Saturday evening last, Dr. Phileas, whilst playing at billiards with a friend in the well-known café Procope, suddenly dropped down dead. The opening of the body has shown that the melancholy event was caused by the rupture of an aneurism.

On account of the disease in cattle which exists at present in some parts of France, the municipal authorities have adopted extremely severe measures of surveillance at the slaughtering-houses, octrois, &c., so as to prevent the consumption of unhealthy flesh. At the slaughtering-houses especially, two veterinary surgeons are in constant attendance, and allow no beast to be slain which has not previously been examined by them.

A few days ago the Count and Countess de Paris dined at Dr. Joseph Michon's, the son of the celebrated surgeon of Paris who died some few years ago.

On Thursday last the Professors of the School of Medicine of Paris met to elect a new professor to the Chair of Physiology, which had been left vacant by the death of the regretted Longet. Dr. Béclard, general secretary to the Academy of Medicine, and the author of a standard treatise on Physiology, was unanimously elected.

At the Academy of Medicine, a seat being vacant in

the section of Physiology, Dr. Marey, the inventor of the sphygmograph, and the author of so many ingenious physiological inventions, was elected by a great majority of votes.

At the last meeting of the Academy of Medicine M. Lefort, continuing to relate the results of his experiments on the presence of atropia in the various parts of the belladonna plant, stated that belladonna root of seven or eight years' growth contains one-half less atropia than the root of two or four years, and he therefore concluded that the employment of the leaves could be more safely resorted to for obtaining atropia.

Paris, February 19th, 1872.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 22nd:—

Kingcombe, Alfred Partridge, Ivy-bridge, Devon.
Ticehurst, Charles Sage, Hastings.

As Assistant in Compounding and Dispensing Medicines:—

Pearson, John Johnson, Whitehaven.

On the same day the following gentlemen passed their First Professional Examination:—

Arthur Henry Williams Ayling, Middlesex Hospital; Edward Kinnersley Corbin, St. Thomas's Hospital; Edw. John William Hicks and William Allan May, Guy's Hospital; Henry Peter Payne, King's College.

ARMY MEDICAL SERVICE. — The following is a list of the candidates who competed successfully for appointments as Assistant-Surgeons in this Service at the examination held at the London University on Feb. 12th:—

	Marks.		Marks.
Magill, I.	2230	Bushe, C. J. L. ...	1727
O'Donnell, R. W. ...	1956	Quill, R. H.	1725
Donovan, W.	1885	Slaughter, W. B. ...	1686
Swayne, C. H. ...	1793	Brown, D. B.	1675 }
Tincler, B. M. ...	1785	Keys, C. W. M. ...	1675 }
Browne, A. L. ...	1776	Stokes, H. H.	1530

UNIVERSITY OF DUBLIN.—The following degrees were conferred on February 13th:—

BACHELOR IN MEDICINE. — Charles Nelson Elliott, William Maddock, Andrew Leslie Mease, Nicholas Sweetman O'Farrell, Hayman Thornhill, Samuel Walsh, Stewart Woodhouse.

MASTER IN SURGERY.—William Claud Ferguson.

DOCTOR IN MEDICINE.—William H. Delamaine Bradshaw, John William Washington Nason.

COLLEGE OF PHYSICIANS, IRELAND. — At examinations held on February 5th, 6th, 8th, 13th, 14th, and 15th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE. — Thomas Henry Browne, Richard Ashmore Clarke, Michael Joseph Clune, Francis Bayly Hannan, Andrew Irwin, William Stoker, Patrick Stephen Wigmore.

MIDWIFERY. — Thomas H. Browne, Richard A. Clarke, Michael Joseph Clune, Francis B. Hannan, Andrew Irwin, William Stoker, Richard Dermer White.

DR. E. J. TILT has been nominated a corresponding member of the Royal Academy of Medicine of Turin.

SIR JAMES PAGET, Bart., and Dr. Matthews Duncan have been elected honorary members of the Royal Medical Society of Edinburgh.

ROYAL FREE HOSPITAL.—Mr. Gant will perform excision of the knee-joint on Saturday, March 2nd, at 2.15 P.M.

AT three inquests lately held at Liverpool on the same day, the jury in each case gave a verdict of "Died from excessive drinking."

ON Monday evening the fourth annual dinner of the French Hospital and Dispensary was held at Willis's Rooms, the chair being taken by the French Ambassador, the Duc de Broglie. This hospital now contains four wards, which are open to sufferers of all nations. By means of this anniversary nearly £700 was added to the funds of the institution.

TESTIMONIAL.—Mr. Walter Rigden, M.R.C.S., late house-physician to the Hospital for Women, Soho-square, has received gratifying testimonials to the zeal and ability with which he discharged the duties of his office, in the form of a handsome bag of midwifery instruments, presented by the medical staff, and a minor operating case, the gift of the nurses and patients.

Medical Appointments.

ALLEN, T., L.R.C.P.L., has been appointed House-Surgeon to the Great Northern Hospital, Caledonian-road, vice Julian Willis, L.R.C.P.Ed., M.R.C.S.E., appointed Medical Officer to the Mitcheldever District of the New Winchester Union.

BARRY, J. C., L.K.Q.C.P.I., L.F.P. & S. Glas., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballyduff Dispensary District of the Lismore Union, Co. Waterford, vice R. O'Reilly, L.K.Q.C.P.I., L.R.C.S.I., resigned.

BRYAN, F. C., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Sheffield General Infirmary, vice H. Priestley, L.R.C.S.Ed., resigned.

BURROUGHS, E. F. H., M.R.C.S.E., has been appointed Medical Officer to the Barnstaple and Ilfracombe Railway Company, and to the Provincial Assurance Society.

CARR, J., M.R.C.S.E., has been appointed Medical Officer for the Thorburn District of the Scarborough Union, vice J. H. Moore, M.R.C.S.E., deceased.

CARTER, J., M.R.C.S.E., has been appointed Medical Officer to the Cambridge Post-office.

EDWARDS, J. E., M.R.C.S.E., has been appointed Assistant Medical Officer to the North Wales Counties Lunatic Asylum, Denbigh.

EDWARDS, Mr. H., has been appointed House-Surgeon to the Carnarvonshire and Anglesey Infirmary and Dispensary, Bangor, vice David W. Roberts, M.D., resigned.

FITZGERALD, F. C., L.K.Q.C.P.I., has been appointed Medical Officer for District No. 4 of the Holsworthy Union, Devon.

HAWTHORNE, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Workhouse and Fever Infirmary, Banbridge Union, Co. Down, vice R. Malcomson, L.R.C.P.Ed., L.R.C.S.Ed., deceased.

JOHNSTON, R., M.R.C.P., L.R.C.S.I., L.M., has been appointed Resident Surgeon to the Nottingham Dispensary, vice J. Hine, M.R.C.S.E., resigned.

KEELE, C. F., M.R.C.S.E., has been appointed Surgeon and Apothecary to the Loyal United Brethren Benefit Society, Maiden-lane, vice Dunn, resigned.

KING, T. R., M.D., has been appointed Assistant Medical Officer to the Newcastle-upon-Tyne Borough Lunatic Asylum, vice Thomas Lyle, M.B., C.M.

LAIRD, S., M.D., M.R.C.P.L., L.R.C.S.Ed., has been appointed Medical Officer to the Isle of Man General Hospital and Dispensary, vice Henry Mann Fothergill, L.R.C.P.Ed., deceased.

M'CAW, J. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Physician to the Nottingham Dispensary.

M'KELLAR, A. O., M.D., has been appointed Senior House-Surgeon to the Royal Free Hospital, vice Thos. C. Murphy, L.R.C.P.L., M.R.C.S.E., resigned.

MAYBURY, W. A., M.D., M.R.C.S.E., has been appointed Resident Medical Officer and Secretary to the Newark Hospital and Dispensary, vice E. J. Cooke, M.B., L.R.C.S.I., resigned.

MILLS, S., M.R.C.S.E., has been appointed Divisional Surgeon to the Thames Division of Police, Ship "Royalist" Station, vice Dr. Alfred Harvey, resigned.

PETTY, J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Workhouse of the Dunshaughlin Union, Co. Meath, vice Patrick Connolly, L.K.Q.C.P.I., L.R.C.S.I., resigned.

ROBERTSON, J. D., M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Ancient Order of Druids, Penrith, vice J. Wickham, M.D., F.R.C.S.E., resigned.

WOLSTENHOLME, J. H., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Rhuddlan District of the St. Asaph Union, vice E. Jones, M.D., M.R.C.S.E., deceased.

WOOD, W., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 5 of the Beverley Union.

Births, Marriages, and Deaths.

BIRTHS.

COATES.—On the 5th ult., at Montpellier House, Great Malvern, the wife of F. W. Coates, M.D., of a son.

KEMPE.—On the 17th ult., at Chantry House, New Shoreham, the wife of C. M. Kempe, M.R.C.S.E., of a son.

SMITH.—On the 26th ult., at Lifford, Co. Donegal, the wife of Chas. Smith, M.D., of a son.

SNELL.—On the 13th ult., the wife of Enoch Snell, M.R.C.S.E., of Castlegate, Nottingham, of a daughter.

WHITE.—On the 23rd ult., at Eden Villa, Castletown-Conyers, Co. Limerick, the wife of H. White, L.R.C.S.I., of a daughter.

MARRIAGES.

ARCHER—NASH.—On the 8th ult., at Royston, Herbert Ray Archer, M.B. (son of Wm. Archer, F.R.C.S.E., of Boyne-terrace, Notting-hill), to Georgiana, daughter of the late W. T. Nash, Esq.

LEES—LAWRENCE.—On the 20th ult., at Meanwood Church, F. Arnold Lees, L.R.C.P.L., M.R.C.S.E., to Mary, second daughter of John St. Lawrence, Esq., of Dalton-in-Furness.

DEATHS.

ANDERSON.—On the 25th ult., Chas. Abercromby Anderson, M.D., C.B., Inspector-General of Hospitals and Fleets.

ANDREWS.—On the 28th ult., at Brabourne, near Ashford, Kent, Elizabeth, wife of Onslow Andrews, Esq., and mother of Onslow Andrews, M.D., Alfred B. Andrews, M.R.C.S.E., and Henry Charles Andrews, M.D.

FIRTH.—On the 24th ult., at Union-road, Rotherhithe, Joseph Thos. Forbes Firth, L.F.P. & S. Glas., aged 46. Friends will please accept this intimation.

KNOX.—On the 18th ult., David Knox, M.D., of Bawtry, Yorkshire, aged 40.

LAWRENCE.—On the 11th ult., at Pontesbury, Dr. Rowland Lawrence, aged 85.

Notes, Short Comments, and Answers to Correspondents.

M. E. LITTRÉ ON MEDICAL EDUCATION.

IN a graceful and even touching preface to his recent work, "Médecine et Médecins," the most distinguished of medical journalists points out the advantages, even to a layman, of that varied and refined culture which the physician enjoys. M. E. Littré is as well qualified to speak on this subject as any man in Europe. He has been a voluminous writer on medical themes. In journals, professional and lay—in dictionaries, cyclopædias, and monographs—in editions of medical classics, he has embodied that knowledge of the physician's science amassed during ten years' study in Parisian hospitals both as an externe and as an interne, in which capacities he was an assiduous observer of the clinique of that accomplished teacher, M. Rayer. He possessed himself of every qualification to practise but a diploma, which the death of his father and the straitened means of his mother, for whose subsistence he had to work, prevented him from taking. Declining the generous offers of M. Rayer, his teacher, and M. Hachette, his well-known publisher and old college friend, to provide him with money to set himself up in practice, he yet, amid the laborious avocations by which he earned bread for his parent and himself, continued to attend the clinique at the Charité, and to acquire a knowledge of medicine, practical as well as theoretical, such as few active votaries of the profession can boast of. During twenty years in his village retirement, while labouring at his noble edition of Hippocrates, and his yet nobler Dictionary of the French Language, he practised gratuitously among the peasants, and kept a keen eye on the conditions of health for the community as well as for the individual. This experience, besides enabling him to be a most instructive contributor to the leading French journals on sanitary questions, was of benefit to him, not only as a philanthropist, but as a thinker and as a man. "Je ne voudrais pas que la médecine," he says, "eût manqué à mon éducation générale. C'est, moralement et intellectuellement, une bonne école, sévère et rude, mais fortifiante. Moralement: je ne dirai pas que c'est un office secourable, car secourable aussi est l'office du paysan qui laboure le sol, du maçon qui taille la pierre, du forgeron qui bat le fer, et de tous les co-opérateurs sociaux; mais je dirai que, perpétuelle témoin des souffrances et de la mort, elle inspire une profonde pitié pour la condition humaine. Intellectuellement: il est bon d'avoir vu l'amphithéâtre et l'hôpital, et de savoir par quel procédé organique la maladie se produit dans le corps vivant, quels troubles elle y cause, et comment elle vient à la guérison ou à la mort." And this is the man whom Monsignor Dupanloup kept on repeated occasions out of the Institute till his opposition was overborne at last by public opinion! The remainder of M. Littré's preface gives a lucid account of the scientific development of the healing art, and points out the obligations under which it lies to the impulse communicated to philosophy in general by the speculations of M. Comte. No physician has ever penned a loftier "apologia pro vitâ" than is embodied in M. Littré's introduction to his collected papers on "Médecine et Médecins."

SIR HENRY HOLLAND AND HIS LIFE.

To the Editor of THE LANCET.

SIR,—Having recently perused the very interesting autobiography of Sir Henry Holland, with much admiration of his astonishing activity, energy, enterprise, and perseverance throughout his long life in foreign travel, and also of that pervading character of general culture, literary and scientific, which gives both dignity and interest to his pages, it has occurred to me that a few lines of reminiscence by one who was his fellow-graduate here on September 12th, 1811, may be acceptable to you and to your readers.

There were then two periods of graduation in each year, of which the autumnal one was the smaller. In that year it numbered only seventeen, one of whom was the late Professor of Physic, Dr. W. P. Alison, and another, his relative, Dr. George Gregory. Many of them must be dead; several, indeed, are known to me to be so, and I greatly doubt if there are any of them now living except Sir Henry and myself.

What I chiefly desire to tell you is of an incident in the graduation. You are probably aware that the whole of the complicated process of essays and examinations was then conducted in Latin, or at least in a language which it was customary to dignify by that name. The defence of the thesis was the last thing done before the capping. Dr. Holland's thesis was on the "Diseases of Iceland," from which he had then very recently returned with Sir George Mackenzie, and with my much esteemed friend, Dr. Bright. The motto of the thesis was in these words: "Triste solum; sterilis, sine fruge, sine arbore, tellus." We met, on the day named, in the old College Library, now demolished. Dr. James Gregory, the distinguished Professor of Medicine, who was well acquainted with Holland, undertook the office of criticising his thesis. He began by reading off the motto, and then poured forth an eloquent panegyric in that ancient language of which he was so great a master, beginning with "Non triste solum, domine, nec est sterile, nec sine fruge." The point of the oration, as you will easily see, being this, that the author, by bringing such excellent fruits out of a soil so unpromising, had been successful in altogether disproving his own selected motto.

Sir Henry, though much gratified, was evidently to some little extent embarrassed, as modest men usually are under such a full tide of eloquent praise; and, as he has not chosen to give to his readers his own recollections of this incident of his early career, it may not be amiss that the omission should be supplied by one who is probably the only other person now living who remembers the facts.

Yours truly,

Edinburgh, Feb. 26th, 1872. OCTOGENARIUS.

ARMY ASSISTANT-SURGEONS.

WE have received a printed circular from *X. Y. Z.*, in which the dreary prospects before assistant-surgeons are set forth. We have over and over again called attention to the subject; but we are bound to say that our correspondent's calculations seem based on a hard and fast line, and both he and "Vincit Veritas," whose communication in the *Army and Navy Gazette* he quotes, appear to ignore the fact that age alone will diminish the enormous roll of surgeons-major which now looks so formidable. A thousand contingencies may happen to disturb our calculations in the space of the twenty-six years set down as the time required to promote the 633 assistant-surgeons. The era for the realisation of the Peace Society's programme does not, unhappily, seem nigh. Wars and rumours of wars may change the whole aspect of affairs—to say nothing of Mr. Cardwell's schemes. Still, we regard the retirement of surgeons at twenty years on £1 a day, conditional on their enrolment in a Medical Reserve, as a good proposition. We might even go further and say that if the principle Mr. Cardwell has applied to combatant officers were adapted to medical officers, it would be a good thing.

Mr. W. Cowen.—Unquestionably. It is, however, quite an exceptional occurrence.

THE USES OF THE UVULA.

To the Editor of THE LANCET.

SIR,—The first office of the uvula is, doubtless, to act as a sentinel to the glottis. It is probably also an accessory to the tongue in mastication, to which it acts with the rest of the velum as a valve, preventing the escape of particles of food into the pharynx until the chewing process is more or less complete; and, notably during the free flow of saliva soon after eating, it seems to act as a flood-gate to prevent its discharge from the mouth until a sufficient quantity has accumulated to necessitate an act of deglutition. This may be easily demonstrated by anybody who will take the trouble to look into his mouth (or rather into a *mirror*) shortly after partaking of a meal, when, as the saliva collects, the point of the uvula will be seen to be brought into instant apposition with the channel at the base of the tongue, forming a well of saliva, into which the uvula dips, mopping up the fluid, and flicking it against the pillars of the velum, tonsils, palate, &c.; hence it would seem to act as a lubricator, distributing moisture to the surrounding parts. It also acts in leading and cleansing mucus &c. from the vicinity of the glottis on to the tongue during hawking, coughing, and spitting.

In inflammatory sore-throat, to which I have been somewhat of a martyr, my most distressing symptom, frequent painful attempts at deglutition, was due to an œdematous and pendulous uvula, giving (as I supposed) false signals to the epiglottis.

I am, Sir, yours, &c.,

Aldershot, Feb. 20th, 1872. THOMAS PATON.

M.B. T.C.D.—Our correspondent seems to be but slightly acquainted with the tastes and doings of the *roué* in the metropolis. We were commenting upon "a principle" involved in Mr. Bruce's Bill, and did not enter into any detail in reference to the particular question referred to.

HYPODERMIC INJECTION.

To the Editor of THE LANCET.

SIR,—Some of those who use remedies hypodermically have, no doubt, found that at times the needle will be got to enter quite easily, while at others it requires some manipulation, and even force, to get it through the skin. I will just mention a "wrinkle" by which the needle can always be made to enter easily—viz., to keep the bevelled point of the needle in front, in the way a carpenter ordinarily uses a chisel. The cause of this is too obvious to require explanation. No doubt some of my professional brethren have found this out for themselves; but I am not aware that such was stated in any of the medical journals.—I am, Sir, yours truly,

EDMOND NUGENT,

Drogheda, Feb. 21st, 1872. Fellow and Examiner in Arts, R.C.S.I.

J. H. B.—We cannot give such name and address. Let our correspondent take the opinion of his ordinary medical attendant on the question he has put to us.

M.R.C.S., (Sheerness.)—It is only polite to do so.

OPEN SURGERIES.

To the Editor of THE LANCET.

SIR,—I have read several letters in your journal upon the above subject, and, having in the capacity of dispensary and club surgeon had some experience amongst the working classes, would be glad to make some remarks upon it. Your correspondent, "Vose," seems to think that charging a small fee in a private house would satisfy the demands of the poor. In theory perhaps he is right; but practically the system fails. The poor will not go to a private house for advice. Nay, they will even pay more to a druggist for their medicine than many practitioners would charge them, and it is a most unfortunate fact that when they do resort to a medical practitioner for advice, it is when they have exhausted all their ready cash. I think, therefore, open surgeries or shops, call them by what name you will, are useful. No one more than myself could more strongly disapprove of the sale of sponges, brushes, &c., by medical men. But such a system need not exist; and if the profession were not ashamed of the old and respected title of "apothecary," they might, by affixing it to their door-plate, effectually distinguish themselves from druggists and other tradesmen. The public would not expect them to do otherwise than supply the remedies they have themselves prescribed. Formerly the certificate of the Society of Apothecaries was valued both by the medical and other professions; but now the appellation of "apothecary" is discarded, and somewhat in the same manner as the designation of "solicitor" is preferred by the legal profession to that of "attorney," so the members of the medical profession consider the title of "surgeon" superior to that of "apothecary." Be this, however, as it may, the poor, especially in trivial cases of illness, will go somewhere, and pay for advice and medicine; and if qualified medical men will not keep open surgeries, they will take the advice of druggists.

I am, Sir, yours, &c.,

February 19th, 1872. M.D., M.R.C.S., and L.S.A.

THE SHREWSBURY EYE AND EAR HOSPITAL.

WE have received a copy of the *Shrewsbury Journal*, containing an account of the annual meeting of the supporters of this charity, which seems to be a flourishing and useful one. At the same time we cannot altogether approve of the Report of Dr. Andrew, the surgeon to the hospital. The medical officer of such an institution, if it be a successful one, must needs be somewhat of an enthusiast in his work, and it is characteristic of enthusiasm that it sometimes oversteps the boundaries of discretion. Dr. Andrew embodies in his Report a sort of lecture on his two specialties, in which he lays himself open to the charge of blowing the trumpet of his hospital with no uncertain sound, and of implying that if persons with maladies of the eye or ear do not come to his institution for aid, they must be prepared for the possibility of unpleasant consequences. The subscribers are invited to exert themselves to obtain the attendance of patients in the early stages of disease, and are told of the calamitous results in cases that have been "imperfectly treated." Now all this is an unfortunate mistake. Good wine needs no bush; and if Dr. Andrew does his business carefully and well, and cures his patients, he will do all that is either legitimate or necessary in order to secure the early attendance of others. In a scientific aspect, what Dr. Andrew writes will hardly bear criticism. He tells the subscribers, as a sort of aphorism, that "both eyes and ears can only be treated through the body generally"—a dictum that is curiously opposed to what we conceive to be true. Again, he says that cataract may be retarded, not cured, by medicine. It certainly cannot be cured. But how on earth is it to be retarded? and what would be the benefit of retarding it? We trust that Dr. Andrew will take our observations in good part, and that next year he will confine himself to an accurate record of the actual facts of his practice. It should be the business of a provincial hospital surgeon to strengthen the hands of neighbouring practitioners; to help them in any difficulties they may have to encounter; and to deserve, and thus to win, their esteem and confidence. Dr. Andrew, who is not only a man of high attainments, but also Secretary to the local Ethical Society, is especially bound to strive for these objects.

L. A. C.—The treatment adopted appears to us to have been very judicious.

THE "FREE LIST."

To the Editor of THE LANCET.

SIR,—In reply to "Q. Q. Q.," in your impression of Feb. 17th, my opinion is (and it is shared by numbers of brother practitioners) that there are too many individuals mean enough to avail themselves of the excuse that they ought not to be called upon to pay medical fees because, forsooth, their father, brother, or husband was a medical man. Numbers of physicians are in lucrative employments, having no longer any connexion with medicine; very many have left the army with handsome retiring allowance, and more have retired on account of inheriting property. Now, why should not a medical man in the practice of his profession get his fee from these persons or their families? He is still fighting the battle of life; while they, in all probability, are living in easy circumstances, and ought to be the first to acknowledge the surgeon's services. Yours obediently,

February 17th, 1872. F.R.C.S.

To the Editor of THE LANCET.

SIR,—Perhaps a short account of my own experience will answer the query of "Q. Q. Q."

When I was an Oxford student I consulted the late Dr. Golding Bird. I tendered him the usual fee. Knowing I was the son of a medical man, he asked me if I was entirely dependent on my father. I replied in the affirmative; whereupon he took my extended hand, pressed my fingers back on the fee, and, heartily shaking the hand thus closed, wished me good-bye. His question and mute refusal explained to me as eloquently as words could have done the principle on which he acted, and wished to act, towards the children of medical men. My own money, whether earned by me or derived from independent sources, he would have taken; it would have been "lay money." My father's money he would not take; it was "professional" money. A medical man is, doubtless, at perfect liberty to charge or not as he pleases. The child of a medical man has no right to expect gratuitous medical advice, and, if he can pay for it, would do well to insist always on his right to pay for it. Yours truly,

February, 1872. A SURGEON'S SON.

Corpus Sanum.—Vide Wanklyn and Chapman's Water Analysis (Trübner and Co.), or art. Water in Watts's Dictionary of Chemistry.

Dr. Fothergill.—The paper sent will be inserted, and we shall be glad to receive the further communication mentioned.

LEICESTER UNION WORKHOUSE.

To the Editor of THE LANCET.

SIR,—In your notice of the Leicester Union Workhouse Report for 1871, a few words are used which might mislead. It states "the scheme for teaching nurses has not succeeded." Will you allow me to explain that this simply refers to an attempt to give *pauper* helps or ward nurses such an acquaintance with nursing as to enable them on leaving the workhouse to gain a respectable living if they choose. The idea was to offer to women able to read and write, and evincing an aptitude for nursing, in exchange for a year's service with good conduct and character, a certificate to that effect as "ward nurse" for the year. This is what has not as yet succeeded. Our system, however, of giving *respectable* women a year's training as assistants to the superintendent paid nurses, at a salary of £8 per annum with rations, and a certificate at the end of the term, has so well succeeded that six have been already placed in good situations directly their term has expired, and two more will shortly have finished their course.

I commend this plan to other large union infirmaries; for there is no question as to the utility of their services, apart from the instruction and benefit which such probationers receive from the variety of complaints they have to nurse. I am, Sir, yours truly,

Leicester, Feb. 26th, 1872. J. ST. THOS. CLARKE, M.B. Lond.

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

THE corporation of this asylum held its annual meeting in the northern metropolis on Monday last. Two or three facts and matters of more than local interest were advanced on the occasion. By the Managers' Report it appears that the average daily number of patients under treatment in the institution during the past year amounted to 734, and that, as compared with the number in the preceding year, this exhibited an increase of 18. Dr. Skae, medical superintendent of the asylum, in his Report quoted the admissions during 1871 at 209, and the recoveries at 90, 63 being of patients resident in the asylum for less than a year. The small result he explained by stating that the number of incurables admitted in the year reached the high percentage of 58·7 on the whole of the admissions. The largest number of recoveries occurred in persons between the ages of twenty-five and forty. In reference to the removal of pauper patients, Dr. Skae questioned the advantage or propriety of the arrangement by which virtually the power resided in the friends of such patients to remove them. He likewise echoed a complaint, not seldom urged by other asylum superintendents on both sides of the Tweed, in respect of the growing habit on the part of parochial authorities and union surgeons of sending to asylums cases of imbecility arising from old age, or of palsy with some incoherence—cases which were formerly treated in workhouse infirmaries. The extent to which the industrial employment of the insane may be carried, and the benefits attending such employment, receive gratifying illustration in Edinburgh. Male and female patients to the number of 472 had been industrially employed in one day. Dr. Skae concluded an interesting Report by referring to the want in the institution of a specially adapted place of public worship.

Mr. J. B. Budgett's communication has been received.

THE ETHICS OF CONSULTATIONS.

To the Editor of THE LANCET.

SIR,—As a practitioner in Dr. Husband's neighbourhood, allow me to state shortly the facts of a consultation with him.

The wife of an old patient of mine was ill. They obtained a dispensary letter for her, and Dr. Husband attended. Being very uneasy about her, the husband of the woman came three times to my house, asking me to take charge of the case. Each time I refused, explaining that I had no doubt Dr. Husband was doing everything for her. On his applying a fourth time, I suggested a consultation as the kindest thing to Dr. Husband. I saw the woman the next morning, and explained matters to Dr. Husband. I did use my stethoscope, and I did take the temperature. Dr. Husband is mistaken as to my not reading the degree of heat. The case was one of acute general bronchitis in the early stage. Dr. Husband was giving morphia lozenges, and a mixture with compound tincture of camphor. At Dr. Husband's request, not before, I wrote a prescription. I did not address the friends, but left the house before Dr. Husband, saying he would give directions. I have refused, although requested, to enter the house again. I received neither fee nor reward; but I had the satisfaction, as I thought, of doing a friendly act to a brother practitioner.

Agreeing as I do *in toto* with the letter of "A Country F.R.C.P.," I think he will in turn regret having spoken of me until he had heard the other side. I am, Sir, yours faithfully,

February, 1872. A LONDON L.R.C.P.

Mr. W. M. Nootl, (Cardigan.)—1. The only effectual mode would be to burn the things.—2. Our correspondent should bring the matter under the notice of the General Medical Council.

THE request of *Dr. Evers* (Cork) shall be borne in mind. Too late for this week.

RABIES IN NEW ZEALAND.

To the Editor of THE LANCET.

SIR,—Your correspondent, "G. P.," asks if rabies has appeared in New Zealand. I lived there for eleven years, and neither saw nor heard of a case. The inhabitants often wondered at this, as dogs are there exposed to the same influences as in other countries. From its non-appearance, cannot we see that the numerous causes mentioned in standard works—viz., heat, deprivation of sexual indulgence, want of couch grass, &c.—are wrong? New Zealanders are greatly afraid that imported dogs will convey the dread disease, which would entail most disastrous results, as the islands teem with dogs, tame and wild. Yours, &c.,

February 15th, 1872. AHURIRI.

Calculus will find that his proposal to cut upon a grooved lithotrite was forestalled by Mr. H. Lee in 1865. (*Vide* THE LANCET, Dec. 23rd, 1865.) The operation has, we believe, been abandoned.

One about to enter the Army.—Our correspondent's communication shall be noticed next week.

ENCKNATION FOR LUNATICS.

To the Editor of THE LANCET.

SIR,—I observe in your journal of the 24th instant a well-merited compliment paid to the officers of the Surrey County Asylum for giving private theatricals for the amusement of the patients. In conclusion the article says: "If such entertainments were more general, a lunatic asylum would soon cease to be synonymous with an institution whose normal atmosphere was one of gloom, and whose appointments were those of severity and restraint."

In reference to the above, and for the information of the public, I beg to state that private theatricals and every conceivable form of amusement have been regularly carried out in all the asylums of any importance, public and private, throughout Great Britain for the last thirty years, and that these establishments are every year more and more resorted to as boarding houses for voluntary patients of the higher classes in preference to their own homes or other places of resort. Yours truly,

Stretton House Private Asylum, Church Stretton, Shropshire, Feb. 26th, 1872. WM. HUDLOW.

PROFESSIONAL AMENITIES IN JAMAICA.

WE have received from *Dr. James H. Clark*, of St. Elizabeth, Jamaica, a correspondence between himself and Mr. Adolphus, a brother practitioner, the gist of which is that the latter, having been called in to attend his friend in sickness, more than a year after sent in an account of *six shillings* for cream of tartar, Epsom salts, sweet spirits of nitre, and also for gallic acid supplied during a subsequent illness. Dr. Clark replied by enclosing six shillings' worth of stamps, and suggesting sarcastically that he "presumed the charge for *attendance* had been accidentally omitted." Mr. Adolphus repudiated the stamps, and "made no remark on the style" of Dr. Clark's letter. The latter gentleman then expressed his opinion that Mr. Adolphus "had acted in a most unprofessional manner, and had violated certain laws of medical etiquette," and refers to us for an opinion on the subject. There can be no question that for one medical man to make a charge to another for attendance or medicine is very unusual, at least in this country. We presume, of course, that the drugs were for the patient's own use, and not simply to replenish a stock of medicine which happened to be low at the moment, and was subsequently employed in Dr. Clark's practice. If the transaction was of the nature of a loan, repayment in kind would have been better in every way. If the value of the drugs was too small to be considered at the time, it surely is not worth quarrelling about two years later, and we hope, therefore, that Dr. Clark and Mr. Adolphus will adjust their differences amicably.

CASES OF SEVERE WOUNDS OF JOINTS.

To the Editor of THE LANCET.

SIR,—From a remark at the heading of a case of "Injury to the Knee-joint" in your journal of Feb. 10th, I am induced to send you the enclosed rough notes of two cases which occurred in my practice last year.

CASE 1.—On May 3rd, 1871, I was sent for to see J. B——, aged fourteen, who had received a cut with an axe on the external malleolus. The wound, which was oblique in direction, was between two and three inches in length; the anterior peroneal artery was divided, and there was an incision into the bone of about an inch and a half. I secured the artery by torsion, sponged out the wound with a watery solution of carbolic acid, and then brought the edges together with wire sutures, over which I placed a fold of lint wetted with the carbolic lotion, and applied a splint so as to keep the joint at perfect rest.

May 6th.—I dressed the foot to-day; wound healing; no pus.

9th.—Wound healing, except at a small spot at one end, where there is a drop or two of pus.

14th.—Wound healed, except at the spot at lower end, which is granulating.

27th.—Patient is quite well, and able to be about.

CASE 2.—On August 28th, 1871, I was called to J. S——, aged twenty-five, who was said to have cut his leg nearly off with a scythe. On arriving at the house, and examining the limb, which was enveloped in sundry cold wet cloths (and next the wound a large amount of cobwebs, a favourite remedy in the country for stanching bleeding), I found on the outer side of the left leg a wound extending from about three inches above the knee-joint to the same distance below, with an escape of synovia. On carefully washing and further examining the wound, I found an incision on the tibia of about two inches in length, anterior to the articulation of fibula; and on passing my finger into the wound to ascertain that I had removed cobwebs and other extraneous matters, I found it pass freely between the patella and femur until I could feel it pressing against tissues on the inner side of the knee, and could pass it up under the quadriceps extensor muscles for two inches. Having satisfied myself that I had removed all dirt, I brought the edges of the wound together with wire sutures, placed a straight splint at the back of the leg, and dressed the wound with water dressing.

Aug. 29th.—Free from pain and swelling; to be kept constantly wet with water.

30th.—Wound healing by first intention. Continue dressing.

31st.—Still free from pain. Continue the dressing.

Sept. 2nd.—Wound almost healed. Continue dressing.

4th.—Slightly swollen about the joint to-day, and a little pain; about an inch of the lower end of wound looks a little irritable.

5th.—Slight fluctuation to-day, with more pain. Opened wound at lower end to about an inch, when three or four ounces of serous fluid escaped, which patient complains of scalding his leg; pain quite relieved by this operation. Continue water dressing.

6th.—Free from pain and swelling, and patient says his leg is quite comfortable. Continue dressing.

8th.—Wound nearly healed again. Continue dressing.

11th.—Patient is down-stairs to-day on crutches. I cautioned him against trying to use his leg. He persists that he has no pain; sleeps well, and eats and drinks heartily.

15th.—No pain or swelling; is going out of doors daily. I told him he was doing too much. Continue water dressing.

18th.—Knee much swollen, and a great deal of pain and fluctuation. I again reopened lower end of wound, when two or three ounces of serous fluid escaped, and three or four pieces of cheesy-looking matter, each about the size of a filbert. There is a good deal of tenderness about the joint. Ordered a linseed-meal poultice to be applied all round the knee, and to leave off the splints for this purpose.

19th.—Very little pain; less swelling; slight discharge.

21st.—No pain; slight discharge. Continue poultice.

23rd.—Wound granulating. Continue poultice.

25th.—Wound healing, and patient is again able to be down-stairs. Continue poultice.

28th.—Wound nearly healed. He is able to go out of doors.

Oct. 1st.—Wound healed. There is still some enlargement about the joint, but does not interfere with its action.

6th.—Patient left home to-day to look after some business in Wales.

13th.—He called on me to-day, and says he has had no pain, and can use the joint quite freely. Has been riding on horseback for the last week. Yesterday (12th) rode forty miles without ache or pain.

Nov. 22nd.—Saw his brother to-day, who says the leg is quite well, and he can use the joint as well as ever.

I am, Sir, yours truly,

Bromyard, Feb. 15th, 1872. W. POWELL, M.R.C.S.E., &c.

A "NEW SYSTEM" OF LIFE ASSURANCE.

WE have to acknowledge the receipt of certain documents explanatory of what professes to be a new system of life assurance, together with a circular addressed specially to the members of the medical profession, whose countenance of the scheme appears to be desiderated by its promoters. The "Positive Government Security Life Assurance Company" lays claim to the following specialties:—(1) The absolute security and sufficiency of the funds to meet all claims as they arise by the investment of the net premiums in Consols; (2) the absence of forfeiture under any circumstance of the sum assured for which a premium has been paid; (3) the absence of all expense or legal formality in obtaining claims when due; (4) the issue of "Positive Notes" on the payment of each premium enabling their holders to withdraw 40 per cent. of all premiums paid, with as much ease as a deposit in a bank is withdrawable. We should hardly be justified in going beyond a recommendation of these considerations to our medical brethren, who must judge for themselves on fuller inquiry how far this "new system" of life assurance is calculated to meet the requirements of provident men either in their own case or in that of any of their patients.

Dr. R. W. W. Griffin is thanked for his communication.

EXTRAORDINARY CASE OF MALFORMATION OF BODY.

To the Editor of THE LANCET.

SIR,—Will you allow me, through the medium of your journal, to bring under the notice of the profession the following remarkable case.

Peter P——, a recruit for the 9th Foot, enlisted here a few days ago. On his presenting himself before me for medical inspection, and having divested himself of his clothes, I was amazed to find that, as I at first thought, a woman, not a man, stood before me. But this idea was quickly dissolved on a closer examination, when the following appearances were observable:—Freshness of complexion; absence of hair on face, breasts, or limbs; softness and delicacy of skin; great breadth and roundness of hips, also rounded contour of limbs; penis and testicles so small that they were almost completely hidden by hair about the pubes. The figure in every respect resembled that of a fully-grown adult girl, with the exception of the voice and genital organs, which latter were, however, so very minute that they were scarcely recognisable a few feet off.

I am, Sir, your obedient servant,

EDWARD C. THOMPSON, M.B.,
Assistant-Surgeon, Royal Tyrone Fusiliers.

Omagh, County Tyrone, Feb. 24th, 1872.

J. R. I.—It is made by mixing two drachms of iodine with an ounce and a half of colourless oil of tar. The intermixture requires to be carefully conducted.

Mr. W. Page.—We know nothing of the merits of the invention. Our correspondent had better consult some respectable medical man in his own neighbourhood.

Dr. Brown, of Rochester, writes to us regarding the Naval Medical Service as follows:—

1. Medical officers, however high their academical status and honour on their first entry to the service, occupy a much inferior rank to that of chaplains and naval instructors. This privation of social status is felt in the navy, whilst it is unknown, because non-existent, in the army. Good pay will not, and does not, compensate for inequality of position with other professional men.

2. Naval medical officers are several years later in attaining staff rank than army surgeons, in consequence of loss of time by half pay, and they are later than other civilian officers in the navy. Active service is required of surgeons, while seniority is the rule for other civilian officers. This inequality requires removal.

3. Optional retirement after twenty years' service has been repeatedly asked by naval surgeons since 1865, and it is now accorded to chaplains on the half pay earned.

4. The maximum retired pay of staff surgeons is fixed at £400, whilst that of other civilian officers amounts to £450.

Mr. Geo. Chester.—£10,000 in 1802 and £20,000 in 1807 were voted by the House of Commons to Jenner. If he had killed as many people in a year as are saved yearly by his discovery, we should have had ere this a medical Peer.

E. F. G.—In the absence of a contract, there can be no claim but one founded on reason and custom. A month would be a fair notice under the circumstances.

PARIAN FOR HOSPITALS.

To the Editor of THE LANCET.

SIR,—From the letters in your journal on the use of parian and Keene's cement in hospitals, I am led to believe that an impervious surface is now considered desirable, and oil-paint is recommended. As all greasy substances are said to absorb smells, it appears probable that oil-paint would absorb the effluvium of the sick. The asphalte paving used in some of the lunatic asylums became so impregnated with the peculiar odour of the insane that it had to be taken up and replaced with York flagging. I would suggest the use of porcelain tiles. The area of the plaster joint is so small that it would apparently be able to be disregarded; but even if this were not the case, the tiles might be riveted, and have a ground air-tight joint, although, of course, this would greatly add to the expense. I was under the impression that an absorbent surface was considered absolutely essential to the healthiness of rooms, so much so that it had been found necessary to remove impervious surfaces from rooms devoted to the sick. It has also been stated that nothing is so good as pure limewhite, which was proved to be superior to whitewash. Your obedient servant,

February, 1872. G. ATTCHISON, F.R.I.B.A.

Victim.—It will probably be enough to refuse a receipt until the money is paid; but the determination to do this should be accompanied with a written statement of the grievance to the coroner in question.

One of the Rejected.—We do not see that any good would accrue from the publication of our correspondent's communication. He writes on an assumed knowledge as to the identity of the certificates furnished of the physical fitness of the candidates for the two services. We are not, however, sure that the certificate is the same, and we are loth to believe that a Medical Board could desire to injure members of their own profession by the exercise of strictness that would be harsh and unwarrantable.

MIDWIFERY FEES.

To the Editor of THE LANCET.

SIR,—Doubtless "Inquirens" could recover his fee. He was engaged, and ready and willing to attend if called upon; but, nevertheless, let me, an old practitioner, advise him, from policy, to drop the matter. I have attended twenty-three cases these last twenty-five days, and I find that I am frequently engaged and not sent for. I think that it arises in this way: the midwife or nurse is in the background; but she is afraid of a difficult case, and so the "doctor" is engaged by way of precaution. The like occurs amongst the followers of homœopathy, whatever that system means. They, the females thereof, prefer the old-fashioned system, or else their *savants* do not like night-work. Whenever I find these people out, I refuse to attend them, because if anything untoward happens, they will not take our medicine, but swallow their own precious globules instead; consequently they do no credit to us, and, moreover, risk their lives by their idiotic folly. But I am getting garrulous even on paper, a sign of age, and so

I remain yours faithfully,

February, 1872. AN OLD ONE.

Mr. Kildare.—1. There would be nothing wrong in accepting a fee under the circumstances.—2. Burn some sulphur in the room, and expose the clothes to a high temperature.—3. The other practitioner was only to blame if he failed to tell the patient's friends of the duty of informing our correspondent of their having made a change.

Peterborough, we believe, has been incorrectly informed.

FEVER HOSPITALS.

To the Editor of THE LANCET.

SIR,—I should be much obliged if any of your subscribers could give me information on the subject of existing Fever Hospitals in England, Scotland, or Ireland. Reports, copies of rules, description of building, or even intimation of the existence of such an institution, will be thankfully received by,

Yours faithfully,

E. T. WILSON, M.B. Oxon., &c.

Montpellier-terrace, Cheltenham, Feb. 27th, 1872.

ERRATUM.—In our notice of the dinner of the members of the Royal Medical Society of Edinburgh, an important typographical error escaped the correction which we now supply. The name of the chairman on that occasion is Edward Willis Way, M.B., not "May."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Gairdner, Glasgow; Dr. Grailly Hewitt; Dr. Playfair; Mr. Hunter, King's Lynn; Mr. Berkeley Hill; Mr. Page; Dr. Corfield; Dr. Woodward; Dr. Magill; Dr. Mocartney; Mr. Waddell; Mr. G. May, Reading; Mr. Roberts, Holywell; Dr. Blane, Kathawar; Mr. Thomas, Liverpool; Mr. Barnett; Mr. Ward; Mr. Marsh, Tunstall; Mr. Suthers; Mr. Jansen; Mr. Ogden, Haworth; Mr. Henderson, Greenwich; Mr. Lattey; Mr. Holt, Hull; Mr. Whitfield, Wigan; Mr. Douglas, Sulgrave; Mr. Muspratt, Flint; Dr. Hardman; Mr. Whidborne; Mr. Williams, Brentford; Mr. Lyne; Mr. Wilton; Mr. Burroughs, Ilfracombe; Mr. Halse, Horley; Dr. Row, Devonport; Mr. Charles; Mr. W. Morgan; Dr. Hyslop; Mr. A. Fergusson, Peebles; Mr. Sutton; Dr. T. Paton; Dr. E. C. Thompson; Mr. Winward; Mr. Cresswell; Mr. Sykes; Mr. Aitchison; Dr. Hunter; Dr. E. Smith, Battle; Dr. Clarke, Leicester; Messrs. Spinner and Co.; Dr. M'Keller; Dr. Henderson; Messrs. King and Co.; Mr. Pattie; Dr. Wilson, Cheltenham; Mr. Leigh; Dr. Medd; Mr. Loughnan; Mr. Power, Lewisham; Dr. C. Smith, Dublin; Dr. Holmes, Coagh; Mr. Williams, Rockingham; Mr. Clark, Jamaica; Mr. Moore; Dr. Orvey, Paris; Mr. W. Reeve, Darlington; Mr. Parson, Saffron Walden; Mr. Harman, Doncaster; Dr. Evers, Cork; Mr. Green; Mr. Fox, Bristol; Mr. Poole; Dr. Conrad; Mr. Harvey, Edgbaston; Dr. Andrews; Mr. Waring, Chelmsford; Mr. Evans, Nottingham; Mr. Budgett, Sandown; Mr. Anson, Oundle; Mrs. Ryan, Dublin; Mr. Henri, Gateshead; Mr. Cameron, St. Andrews; Mr. Caton, Greenford; Dr. Moorhead; Mr. G. Owen, Ulverstone; Mr. Walford, Peterborough; Mr. Dalziel; Mr. Stewart; Mr. Davis, Henfield; Mr. Mills; Mr. Grossmith; Mr. Dawson; Mr. Poole; Mr. Parrott; Mr. Marshall, St. Kitts, W. Indies; Mr. Blasson; Mr. Sewell; Mr. Russell; Mr. Taylor, Penrith; Mr. Morris; Dr. Johnson, Nottingham; Mr. M'Caw; Mr. Way; Messrs. Fox, Manchester; Mr. Walker, Edinburgh; Dr. Rogers, Carlton; Mrs. Probyn; Mr. Harding; Dr. Maclagan; Mr. Knox; Mr. Reeves; Mr. Alderson; Dr. Smyth, Liverpool; Mr. Wright, Leeds; Mr. Hanley, Saffron Walden; Mr. Wells; Mr. Grove; Dr. Carter; Mr. Robinson; Dr. Rose, Chesterfield; Mr. Baldwin; Mr. Stone; A Cosmopolitan; An Old One; Calculus; J. H.; Peterborough; Octogenarius; One about to enter the Army; Justice; W.; S. D.; Rubig; J. H. B.; A London L.R.C.P.; W. W.; Medicus, Ramsey; One who was Rejected; Q.; Kildare; Beta; Victim; M.R.C.S.L.; &c. &c.

East London Observer, Manchester City News, Southampton Times, Excelsior, Hall Packet, Irish Daily Telegraph, Philadelphia Medical Times, Cork Constitution, New York Psychological Journal, La Independencia Medica, High Peak News, Morningside Mirror, Church Herald, Melbourne Age, Irish Times, Halifax Courier, Central Somerset Gazette, Newcastle Daily Chronicle, Allgemeine Medizinische Zeitung, Liverpool Daily Courier, La Santé Publique, New York Medical Journal, and *Liverpool Daily Post* have been received.

Medical Diary of the Week.

Monday, March 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Teevan, "On Impotence."—Prof. Erasmus Wilson, "On Neuropathic Excoriations of the Skin: a peculiar form of Cutaneous Affection associated with general Derangement of the Nervous System."—Dr. Sansom, "On Inflammation of the Lungs as a Cause of Consumption."

Tuesday, March 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. W. Rutherford, "On the Circulatory and Nervous Systems."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Embolism and Softening of the Left Anterior Cerebral Lobe, Aphasia; Head of a Thigh-bone Excised for long-standing Disease of the Joint; Malformed Heart of a Child; Hydatid Tumour of the Thigh; Ulceration of the Vermiform Appendix, causing Local Peritonitis; Tumour of the Arm, Congenital Hypertrophy; Fibrous Tumour of Testicle; Disseminated Melanosis; Axillary Aneurism, Ligature of Subclavian Artery; Meningocele Cyst removed by Operation; &c. &c.

Wednesday, March 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Bristowe, "On Disease and its Remedial Treatment."
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Dr. Clapton, "On the Therapeutic Effect of Santonine."
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Granville Bantock, "On the Use of the Sponge Tent in Menorrhagia."—Mr. Bryant, "On a Case of Fibro-Cystic Disease of the Uterus successfully Extirpated."—Dr. Martin, of Berlin, "On some forms of Distorted Pelves."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Dr. Klein, "On the earliest stages of Development of the Salmo fario," and "On the Nerves of the Cornea."

Thursday, March 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. J. L. Milton, "On the Pathology and Treatment of Eczema."

Friday, March 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Bristowe, "On Disease and its Remedial Treatment."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. H. Weber, "On a Case of Hyperpyrexia in Rheumatic Fever treated by Cool Baths and Affusions." Dr. R. Southey, "On Two Cases of Persistent Omphalo-Mesenteric Duct leading to Fatal Intestinal Obstruction."—Mr. Teevan: "The Treatment adopted for the Relief of Four Cases of Impassable Stricture."
ROYAL INSTITUTION.—9 P.M. Mr. R. Liebreich, "On the Effect of certain Faults of Vision on Painting, with especial reference to Turner and Mulready."

Saturday, March 9.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Mouncure D. Conway, "On Demonology."